

TPCB Rotation Evaluation Form for Students



TPCB students are required to complete an evaluation of each of their laboratory rotations. Please submit this completed form to Anna Rejno at anr4028@med.cornell.edu within one week of the completion of the rotation period. Thank you!

Student: _____ Rotation Start: _____ End: _____

Faculty: _____ Institution: _____ Date Submitted: _____

Please rate the student on the following criteria:	Yes	Somewhat	No	Comments
Were you well-received in the lab?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Did you feel involved in the research?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Did you gain laboratory skills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Did you gain knowledge in the research topic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Was your ability to apply knowledge and reason increased?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Were you given the opportunity for independent work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Did your interest level in the research topic increase?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Did your interest in a career in biomedical research increase?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Was your overall experience positive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Would you consider this advisor as a potential mentor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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Rotation project title:

Brief description of rotation project:

Comments or suggestions regarding the rotation experience:

Student Signature: _____ Date: _____

Student Name: _____