

FALL FULL-TERM ROTATION EVALUATION SUMMARY

Student: _____ Faculty member: _____

Program/Department: _____

This report covers the period from **September 2015** to **December 2015**

Place an "X" in the box that describes the student's overall performance best. Performance details should be listed below and discussed with the student.

	Extensive	Above average	Met expectations	Insufficient
Time devoted to project				

	Skilled	Learner	Beginner
Technical Ability in contributions to project			
Contributions to opening and maintaining communication			
Intellectual contribution to the project			
Reads and comprehends the literature			
Contributions to discussion of work by other colleagues			
Knowledge of Project			
Personal Initiative			
Creativity			
Presentation Skills: Written			
Presentation skills: Oral			

Evaluation Details (with specific examples, areas of expertise and competency/ areas on which to work) _____

(Continue on Back)

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Recommendations for modification/improvement (if needed).

Student comment on rotation evaluation or on the rotation itself:

(Please use back of form or continuation pages if necessary)

Summary – should be supported by evaluation details listed on page 1.

Performance Levels

Performance Level Descriptions

Skilled

- Meets expectations; notable and solid performer, competent in field
- Work is thorough and accurate; Accountable for own outcomes
- Willing to go beyond the norm to contribute to the project at the practical and theoretical levels
- Professional and interactive

Learner

- Areas on which to concentrate for further skill and intellectual enhancement:
(comment below)

Beginner

- Areas on which to focus to overcome barriers to making progress:
(comment below)

Please comment on the student's overall academic performance during the semester, taking into account all courses. If the student has had academic difficulties, please elaborate:

(Please use back of form or continuation pages if necessary)

Rotation Performance
and

- Very good to excellent
 Needs/ Needed tutoring and careful oversight of course plan (see attached)

Final Grade (A+, A, A-, etc.) _____ (please assign a letter grade A-F)

Student Signature

(The student's signature denotes that this evaluation was reviewed with the faculty member and not necessarily acceptance of the evaluation.)

Faculty Member/Mentor/Principal Investigator Signature