

Lab Rotation Mentor Evaluation
Semester/Year: _____

Mentor's Name:

Why did you choose this lab?

Were you given a project to work on or did you shadow someone else in the lab?

Did the mentor provide hands-on-training or did you work directly with a graduate student, technician or post-doc in the lab?

Please rate the following the statements on a scale of 1-5. \ A score of 1 indicates that you strongly agree with the statement. A score of 5 indicates that you strongly disagree with the statement. Write any additional comments in the space provided.

		Strongly Agree				Strongly Disagree
a.	The project I worked on was well-structured with clear aims and goals. Comments:	1	2	3	4	5
b.	The mentor was readily available when I needed him/her. Comments:	1	2	3	4	5
c.	It was easy to communicate with the mentor on a professional level. Comments:	1	2	3	4	5

d.	The mentor regularly followed up with me on my individual progress. Comments:	1 2 3 4 5
e.	I received guidance writing and revising my rotation paper. Comments:	1 2 3 4 5

How many hours a week did you work? If you worked more than 30 hr/week, did you work the extra hours because you wanted to or needed to accomplish your research goals?

What techniques did you learn? What other skills did you learn during the rotation (i.e. presentation skills, writing skills, computer skills such as BLAST searches, graphing software, etc.)?

Please describe/list the strengths and weaknesses of this rotation as a whole. Was the laboratory environment conducive to learning?

On a scale of 1-10 (10 is the best), how would you rate your lab experience?

Please sign and date this form.

Student signature _____

Date _____

Course Coordinator signature _____

Date _____

Please turn in the signed form to Dr. Anne Chiaramello on the day of PowerPoint presentation (see schedule posted on the IBS website). The Laboratory Rotation Coordinator will then sign the completed form and file the grade.

Form Revised on June 4, 2012