Faculty Name: _____

Student Name: _____

Rotation:

☐	☐	☐	☐
1	2	3	4

	Excellent	Acceptable	Unacceptable
Please evaluate the student's **Work Ethic**			
Please evaluate the student's **Professionalism and Interpersonal Skills**			
Please evaluate the student's **Learning Abilities**			
Please evaluate the student's **Technical Abilities**			
Please evaluate the student's **Scientific Communication Skills**			

Please elaborate on the student's **strengths and weaknesses** you observed (minimum of 150 characters required):

Student's **overall performance** within the lab rotation**:**

☐	☐
Satisfactory	Unsatisfactory

X _____

Mentor Signature