

**LABORATORY ROTATION EVALUATION FORM**

STUDENT'S NAME: \_\_\_\_\_

FACULTY ROTATION ADVISOR: \_\_\_\_\_

ACADEMIC YEAR: \_\_\_\_\_

PHD PROGRAM: \_\_\_\_\_

ROTATION NUMBER: \_\_\_\_\_

**IT IS REQUIRED THAT THE ROTATION ADVISOR DISCUSS THIS COMPLETED EVALUATION WITH THE ROTATION STUDENT.**

	SIGNIFICANTLY BELOW EXPECTATIONS	SOMEWHAT BELOW EXPECTATIONS	MET EXPECTATIONS	EXCEEDED EXPECTATIONS
<b>TIME AND EFFORT</b>				
<i>COMMENTS:</i>				
<b>INTEREST IN PROJECT</b>				
<i>COMMENTS:</i>				
<b>SKILL IN LABORATORY OR COMPUTER PRACTICE</b>				
<i>COMMENTS:</i>				
<b>COMPREHENSION OF PROBLEM, CONCEPTS &amp; CONTEXT</b>				
<i>COMMENTS:</i>				
<b>ABILITY TO WORK INDEPENDENTLY</b>				
<i>COMMENTS:</i>				

	SIGNIFICANTLY BELOW EXPECTATIONS	SOMEWHAT BELOW EXPECTATIONS	MET EXPECTATIONS	EXCEEDED EXPECTATIONS
<b>ABILITY TO THINK INDEPENDENTLY</b>				
COMMENTS:				

<b>QUALITY OF ORAL PRESENTATION</b>				
COMMENTS:				

OVERALL EVALUATION	SATISFACTORY	UNSATISFACTORY
OVERALL COMMENTS:		

WOULD YOU HAVE RESERVATIONS ABOUT SUPERVISING THIS STUDENT'S DISSERTATION? (IF "YES", EXPLAIN BELOW)	No	Yes

**SIGN BELOW TO CONFIRM THAT THE ROTATION STUDENT AND ROTATION ADVISOR HAVE DISCUSSED THIS EVALUATION.**

\_\_\_\_\_  
ROTATION STUDENT'S SIGNATURE

\_\_\_\_\_  
ROTATION ADVISOR'S SIGNATURE

\_\_\_\_\_  
DATE OF SIGNATURE

\_\_\_\_\_  
DATE OF SIGNATURE

***PLEASE RETURN THIS SIGNED FORM TO BRETT WEINSTEIN, BWEINSTEIN@JHU.EDU.***