# **Pharm. Sci. Graduate Student Rotation Evaluation Form**

STUDENT:

INSTRUCTOR:

YEAR AND QUARTER:

Please evaluate the student’s performance in the listed categories; use numerical scores of 1 (poor) to 5 (excellent) and provide explanatory or additional comments.

Acquired knowledge (1-5) \_\_\_.

Ability to work with others (1-5) \_\_\_.

Maturity (1-5) \_\_\_.

Effort (1-5) \_\_\_.

Laboratory Skills (1-5) \_\_\_.

Communication (1-5) \_\_\_.

Overall average (1.0-5.0) \_\_\_.

GRADE for this rotation \_\_\_.

(4.5 - 5.0 = A, 4.0 - 4.5 = A-, 3.5 - 4.0 = B+, 3.0 - 3.5 = B, 2.5 – 3.0 = B-, 2.0 – 2.5 = C, < 2.0 = F)

Please provide detailed explanations of grades at either extreme (*i.e.* A, or C or less)

Additional comments:

The signatures below indicate that this evaluation was discussed by the student and the mentor.

Student Signature Date

Mentor Signature Date

When completed, please make a copy for yourself and send the original form to Debra Peters