

Rotation Evaluation Form (Student)

Please complete this form **electronically** and submit by the due date at the end of the form.

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| Student Name: | Enter text. | URID: | Enter text. |
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| Mentor Name: | Enter text. | | |
|  |  | | |
| Program Name: | Choose program | MD/PhD Student? | Choose an item. |

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| Evaluation Date: | MM/DD/YYYY | Rotation Start Date: | MM/DD/YYYY | Rotation End Date: | MM/DD/YYYY |

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| My attendance (in the lab or otherwise) was: | Choose an item. |
| Have you been assigned background readings? | Choose an item. |
| Can you perform (execute) your own experiments? | Choose an item. |
| How much have you learned technically? | Choose an item. |
| Contact with mentor: | Choose an item. |
| Did your mentor keep commitments, appointments, etc.? | Choose an item. |
| Who did the bulk of the training? | Choose an item. |
| Did you get along with your mentor? | Choose an item. |
| Was your mentor a good rotation advisor? | Choose an item. |
| Did you rotation advisor discuss your rotation evaluation with you? | Choose an item. |
| Overall rating of rotation: | Choose an item. |
| Did this rotation meet your expectations? | Choose an item. |

Please give a detailed description of your expectations for this rotation. Include any ways that your experience may have fallen short of, met, or exceeded these expectations.

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| Enter text. |

Briefly describe the research project assigned for this rotation.

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| Enter text. |

Describe what you believe the goals and duties were for this rotation.

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| Enter text. |

Describe what you accomplished.

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| Enter text. |

**This form is confidential – it will not be shown to the faculty member unless you agree to disclosure.**

Yes, the contents of this form can be disclosed.

No, the contents of this form should remain confidential in the Graduate Education and Department files.

Instructions for Evaluation Submission to the Graduate Education and Postdoctoral Affairs Office

* The student completes the evaluation and emails the final document to the Graduate Program Coordinator and the Graduate Program Director by the appropriate due date below. The Graduate Program Coordinator will forward the document via email to the following:
  + [SMDGradEval@urmc.rochester.edu](mailto:SMDGradEval@urmc.rochester.edu)
* Upon receipt of the email, the Graduate Education and Postdoctoral Affairs office assumes that this is the final evaluation and that all pertinent parties are in agreement. Thus, the email represents each party’s signature and will be kept with the evaluation in the student file.

This form is due to the Graduate Education and Postdoctoral Affairs office on one of the following dates:

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| --- | --- | --- |
| **Rotation Begins** | **Rotation Ends** | **Evaluation DUE** |
| October 1 | December 15 | December 20 |
| January 1 | March 15 | April 1 |
| March 16 | May 31 | June 15 |
| July 1 | August 31 | September 15 |