DIVISION OF MEDICAL SCIENCES

ROTATION EVALUATION

(TO BE COMPLETED BY LAB ADVISOR)

IF THE INFORMATION ENTERED IS NOT LEGIBLE, THIS SHEET WILL BE RETURNED TO YOU.
TYPE OR PRINT LEGIBLY.

Student:_____ **DMS Program Affiliation:** **Biological & Biomedical Sciences**

HMS Department Affiliation of Lab:_____

Head of Lab:_____ **Lab Supervisor (if different):**_____

Rotation Start Date:____/____/____ **End Date:** ____/____/____

	Excellent	Average	Poor
Technical Skills			
Lab attendance			
Communication skills			
Knowledge of Subject			

Please check one. Final Grade: o Satisfactory o Unsatisfactory

- Please comment on the skills learned and the progress made during this rotation and the student's strengths and weaknesses. Have you observed any gaps in knowledge? Recommendations for further training?

- Would you consider offering this student a place in your lab for his/her thesis work? If no, please state why.

Lab Head Signature Date

Rotation Supervisor (if different) Date

PLEASE RETURN TO:

BIOLOGICAL & BIOMEDICAL SCIENCES, GORDON HALL 005, HARVARD MEDICAL SCHOOL, 617-432-0179 (FAX)

Grades and credit for rotations will not be assigned unless this form is submitted to your Program Coordinator.
Copies of this form may be obtained from your Program Coordinator.

FORM UPDATED 06/02