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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:** Bioinformatics and Integrative Genomics

**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:**       Satisfactory       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:  

Department of Biomedical Informatics, Countway Library, 5th Floor, Ste. 514, 617-432-0693 (fax)

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