



Rotation Evaluation Form – Student Response

**If your comments do not fit in the spaces provided you can attach a letter with the form*

The information you share will be invaluable to the school as we continue to work on program improvement, accreditation and compliance, and where indicated, provide feedback to our faculty.

Student Name:

Rotation Number:

Rotation Faculty:

Student Phone:

Description of Rotation Project:

Confidential Evaluation of Students Learning

(The information you provide will only be used in an anonymous, aggregated format.)

How well did you perform and/or show growth in these areas?	Exceeds	Meets	Below	NA
Research and Analytical Skills				
Understands discipline knowledge				
Applies discipline knowledge				
Analyzes and integrates information				
Conducts valid research				
Professionalism				
Chooses ethical actions				
Communication				
Communicates effectively				
Exhibits technology proficiency				

Confidential Comments of the Lab and Faculty:

What feedback would you like the Office of Graduate Studies to share with the faculty?

Would you consider joining the lab?

Student Signature: _____ Date:

Rotation Evaluation Forms are due one week at the conclusion of the rotation.