



Weill Cornell Graduate School of Medical Sciences

Laboratory Rotation Evaluation

To be completed by student and rotation preceptor within 2 weeks of completion of rotation and discussed together.

Student: _____

Year in Program _____

Program: _____

Date started in WCGS _____

Rotation Number: 1st 2nd 3rd 4th

Rotation Dates: From: _____ To _____

Rotation Preceptor: _____

PART A – To be completed by student

Were the specific goals for the rotation project (originally described in the Laboratory Rotation Agreement) completed? Describe any additional achievements not originally planned for the rotation:

Were the training goals (originally described in the Laboratory Rotation Agreement) accomplished? (Include techniques learned, how your conceptual and technical understanding of the field was enhanced, and how you were exposed to the research in the laboratory and the field in general.)

How often did you meet with the preceptor and/or senior lab personnel?

Additional comments, if any:

During your rotation-evaluation meeting with your preceptor, you may want to discuss the following:

- Were you well received in the lab?

- ~~Was~~ Did you feel involved in the research at an appropriate level?
- Were you given the opportunity for independent work?
- Did you gain new laboratory skills?
- Did you gain significant knowledge in the research area?
- Was your overall experience positive?
- Would you consider this general research area for your thesis area?
- Would you consider the preceptor as a potential thesis mentor?

PART B – To be completed by rotation preceptor

Technical Skills:	<input type="checkbox"/> Poor	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Laboratory Attendance:	<input type="checkbox"/> Poor	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Communication Skills:	<input type="checkbox"/> Poor	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Understanding of Project:	<input type="checkbox"/> Poor	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Understanding of Literature:	<input type="checkbox"/> Poor	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Collegiality:	<input type="checkbox"/> Poor	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Overall Evaluation:	<input type="checkbox"/> Poor	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

Please comment on student performance and progress made during the rotation. Did they accomplish their training goals, as well as the specific goals for their project? Please include suggestions for improvement.

Additional comments, if any:

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Rotation Grade: Pass Fail

This document was discussed in a meeting between the student and the rotation preceptor Yes No

Student Signature _____

Date _____

Rotation Preceptor Signature _____

Date _____