

# Rotation Evaluation Form

Complete and return to Deanna Doña: [ddona@med.wayne.edu](mailto:ddona@med.wayne.edu)

Student Name:

Research Mentor:

Today's Date:

Please answer the following questions regarding your rotation student:

1. How would you rate your professional interaction with the student (enthusiasm, professionalism, responsibility, etc.)?

Poor  Fair  Good  Very Good  Excellent

2. How would you rate the student's effort on the research project?

Poor  Fair  Good  Very Good  Excellent

3. Do you foresee this student continuing research with you in the future?

Yes  No  Perhaps

How many weeks was the rotation length:

Approximately how many hours/week did the student devote to the rotation:

Please feel free to make any other comments. **NOTE:** These comments will not be transmitted to the student.