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 ProgramAffiliation:** 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, or catherine_haskell@hms.harvard.edu

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.**

FORM UPDATED 06/2021