

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: Biomedical Informatics

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:
Catherine Haskell, BMI Program, Department of Biomedical Informatics, Countway Library, 5th Floor, Ste. 514, (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.