

Department of Biomedical Sciences
Student Evaluation of Mentor

Name of Rotation Mentor: _____

This evaluation will be treated with the strictest confidence and will not be shared with the mentor being evaluated.
Please do not sign your name to this form.

Mentor Evaluation

Rate the following questions on a scale of 1 to 5, 1 being lowest (poor) and 5 being highest (best).

1. To what extent did the mentor provide you with the necessary education/training to carry out the laboratory work? Rating_____
2. Were you provided with reasonably attainable clearly defined goals for your laboratory work? Rating_____
3. Was the mentor organized and prepared for your rotations? Rating_____
4. Rate the helpfulness and availability of the mentor during the period of the rotation? Rating_____
5. To what extent did the laboratory rotation broaden your base of knowledge? Rating_____
6. Was the work interesting? Rating_____
7. How would you characterize the overall teaching performance of you faculty mentor? Rating_____
8. Would you recommend a rotation in this laboratory to other graduate students? Rating_____

General Comments

In the space below, please describe what you like best and least from this laboratory rotation.

Please return to BMS 590 Instructor