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 your 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