

TSGP Rotation Evaluation Form

Student name:								
Faculty name:								
Rotation period:								
Please <u>honestly</u> evaluate the student's performance in the following areas by checking the appropriar ratings and adding comments where appropriate. It is suggested that you fill out the form <u>before</u> meeting with the student to discuss it. If longer comments are needed, please attach an additional page, and mention the attachment in the "Other Comments" section at the end of this form.								
Understanding of project:	Excellent	Good	Weak	Unacceptable				
Comments:								
Commitment/work ethic:	Excellent	Good	Weak	Unacceptable				
Comments:								

Productivity/quality of	work:	Excellent	Good	Weak L	Jnacceptable
Comments:					
Technical Ability:	Excellen	t Good	Weak	Unaccepta	able
Comments:					
Record Keeping:	Excellen	t Good	Weak	Unaccep	otable
Comments:					
Presentations: Comments:	Excellent	Good	Weak	Unaccep	otable

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he PhD the	esis adviso	r for this stude	ent and commit to the
S	No	happy with the depend on oth pending grant the departure in the lab). Pl	ciple, since I am very e student, but it will her circumstances (e.g., t application(s) and/or date of someone else lease communicate with Director about this issue.
Date	Rotation	n Advisor Signa	ature Date
-	Date	Date Rotation	

Advisor: Please mail the original signed form to Gregg Casazza at BMC-GG 493, or a scan of the signed form to Gregg_Casazza@brown.edu, Diana_Horrigan@brown.edu and Sean_Lawler@brown.edu. Please issue a copy to the student and keep a copy for your records. Thank you.