

## Lab Rotation Review Sheet (Master's Program)

Advisor: \_\_\_\_\_ Student: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ *Final Letter Grade:* \_\_\_\_\_

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### Guidelines:

Please complete this document as an Exit Interview ***with*** the Rotating Student in your lab. This review is intended to serve as further instruction for the student to clearly understand how to continue to improve as they progress in their search for a permanent mentor. *Direct and forthright feedback is greatly appreciated.* Use additional pages as necessary.

Note: Upon direct request to the program, this completed form may be provided to other PI's who have legitimate educational interests in the student's lab performance.

1. Was there a meeting at the start of the rotation where the student was given an outline of clear expectations regarding their projects and performance during the rotation?

Yes \_\_\_ No \_\_\_

2. Did the student have an understanding of project goals, methods?

Yes \_\_\_ No \_\_\_

3. Evaluate the student's technical ability and attention to detail.

4. Evaluate their commitment to the rotation project.

5. How were their interactions with other lab members?

6. Evaluate their end of rotation presentation (if applicable).

7. How would you assess their overall performance?  
(Please provide the **letter grade** for this rotation at the top of this page)

Strengths:

Areas for growth:

8. What is one piece of advice you would offer this student to improve their next rotation?
9. Other Comments:

**Required Signatures:**

I, the rotating graduate student, acknowledge that I have reviewed and discussed the above evaluation with my rotation mentor. By signing I am acknowledging that I have reviewed and discussed the content, not that I necessarily agree with the content.

Graduate Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that I have provided feedback to, and reviewed the information contained in this evaluation with, the above rotating student.

PI Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Once this review is signed by both parties, please submit the completed document in one of the following ways:**

Email: [CCBProgramManager@uc.edu](mailto:CCBProgramManager@uc.edu)

Drop off: Vontz 2104

Interdepartmental Mail (UC only): CCB Program Manager, ML 0521

***Thank you!***