**神經再生醫學博士學位學程**

**The Ph.D. Program for Neural Regenerative Medicine, TMU&NHRI**

**實習評量表**

**Assessment Form for Laboratory Rotation**

Student: Class of （Year）

Advisor: Rotation Time: from to

Please evaluate the student in each category as follows: Excellent (1), good (2), fair (3), poor (4), not applicable (N/A)

（ ）Spends adequate time in the laboratory to accomplish research goals

（ ）Understands central questions and procedures of the lab

（ ）Works with a reasonable level of proficiency

（ ）Observes safe laboratory practices

（ ）Keeps adequate laboratory records

（ ）Ability to evaluate experimental results

（ ）Receptiveness to suggestions and critical comments

（ ）Capacity for self expression and communication

（ ）Ability to get along with co-workers

（ ）Results of the Study Project

**Comments:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Please use back of this form, if more space is needed.)

If adequate space and funding are available, would you be willing to accept this student into your laboratory? (Yes/No) \_\_\_\_\_

Recommend final score: \_\_\_\_\_(0-100, pass: ≥ 70)

|  |
| --- |
| Please sign in the column when the evaluation is **complete**.    Signature of Rotation Advisor/ Date |

* 請各位老師於學生完成Lab Rotation 2週內，將本表交至學程辦公室，以利後續行政作業，非常感謝您!
* Note: Please return the completed form to Program Office within two weeks after the student finished the lab rotation.