

**神經醫學博士學位學程**  
**Ph.D. Program in Medical Neuroscience, 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:**

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(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:  $\geq 70$ )

\_\_\_\_\_  
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.