

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:

(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.