This form must be filled-out **by the Faculty Rotation Mentor immediately after completion of rotation**. The Rotation Mentor should provide feedback and approval of the Rotation Prior to completing this form. Feedback should be given **in person** by the Rotation Mentor to the student once it is filled out. The signed original should be returned to SOMREO with copies given to the student and Rotation Mentor.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Name**: | **Rotation #** (select one): 1 2  3 4 | | | |
| **Faculty Rotation Advisor**: | **Semester/Year**: | | | |
| **Start Date**: | **End Date**: | | | |
| *Rotation Activities & Accomplishments* | | | | |
| What were the overall accomplishments by the student during the rotation? | | | | |
| What specific activities was the student involved in during the rotation? | | | | |
| What percentage of time did the student spend on the following activities? | | | | |
| 1. Reading primary literature/proposals relevant to the rotation: | | | | 0-25% 26-50%  51-75% 76-100% |
| 1. Training, i.e., observing/learning specific research activities: | | | | 0-25% 26-50%  51-75% 76-100% |
| 1. Performing research activities: | | | | 0-25% 26-50%  51-75% 76-100% |
| 1. Presenting results (written or oral format): | | | | 0-25% 26-50%  51-75% 76-100% |
| *Student Performance* | | | | |
| Please rate the student’s performance on each of the following areas (add comments below each evaluation): | | | | |
| 1. Application of background knowledge base to the relevant research topic: | | Deficient Acceptable Excellent  Insufficient data to evaluate N/A | | |
| Comments: | | | | |
| 1. Comprehension of the relevant literature: | | Deficient Acceptable Excellent  Insufficient data to evaluate N/A | | |
| Comments: | | | | |
| 1. Technical execution/research skills: | | Deficient Acceptable Excellent  Insufficient data to evaluate N/A | | |
| Comments: | | | | |
| 1. Interpreting and analyzing data/troubleshooting: | | Deficient Acceptable Excellent  Insufficient data to evaluate N/A | | |
| Comments: | | | | |
| 1. Using good research practices (i.e., proper safety, etiquette) | | Deficient Acceptable Excellent  Insufficient data to evaluate N/A | | |
| Comments: | | | | |
| 1. Presentation of research results (oral/written): | | Deficient Acceptable Excellent  Insufficient data to evaluate N/A | | |
| Comments: | | | | |
| *Student Accomplishments & Improvements* | | | | |
| What was the student’s greatest attribute or accomplishment? | | | | |
| In what aspect of the rotation did the student show the greatest improvement? | | | | |
| What aspects of the student’s performance could be improved? | | | | |
| *Student Learning Outcomes* | | | | |
| The following BSGP Student Learning Outcomes (SLOs) are foundational to the BSGP. Were any of these SLOs developed during the rotation? Select the level of development for each skill set, with 1 being the lowest level and 5 being the highest, and describe in each comment section below. | | | | |
| 1. Competent, skilled experimentalist | | | 1 2 3  4 5 | |
| Comments: | | | | |
| 1. Problem solver | | | 1 2 3  4 5 | |
| Comments: | | | | |
| 1. Critical and independent thinker | | | 1 2 3  4 5 | |
| Comments: | | | | |
| 1. Expert in the field with both depth and breadth of knowledge | | | 1 2 3  4 5 | |
| Comments: | | | | |
| 1. Excellent communicator | | | 1 2 3  4 5 | |
| Comments: | | | | |
| 1. Exemplar of high ethical standards | | | 1 2 3  4 5 | |
| Comments: | | | | |
| 1. Collaborator and team player | | | 1 2 3  4 5 | |
| Comments: | | | | |
| *Student’s Written Summary (if required by Mentor)* | | | | |
| **Did you receive, review, and approve a 2-page written summary of the Rotation Experience from the student?** | | | | |
| **Yes**  **No** | | | | |
| *Overall Grade* | | | | |
| **Overall Grade for Rotation**: | | | **Credit**  **No Credit** | |

Rotation Mentor and Student should sign below to acknowledge the feedback described above.

**Faculty Rotation Mentor Signature Date Student Signature Date**

**BSGP Program Director Date**

***Note****: If needed, please attach additional comments to this form. If there is any reason the student should NOT receive credit for this rotation, please consult the BSGP Program Director prior to submitting this form.*