

**癌症生物與藥物研發學位學程
實習評量表**

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) _____

Final result: _____ (Pass/Fail)

Please sign in the column when you first review this list with the student at the beginning of the rotation _____ Signature of Student/ Date	Please sign in the column when the evaluation is complete . _____ Signature of Rotation Advisor/ Date
_____ Signature of Rotation Advisor/ Date	

Note: Please return the completed form to CBDD office (Tel: 04-2205-2121 ext 77323) within two weeks after the student finished the lab rotation.