

**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:**

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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) \_\_\_\_\_

Final result: \_\_\_\_\_ (Pass/Fail)

Please sign in the column when you first review this list with the student at the <b>beginning</b> of the rotation  _____ Signature of Student/ Date  _____ Signature of Rotation Advisor/ Date	Please sign in the column when the evaluation is <b>complete</b> .  _____ Signature of Rotation Advisor/ Date
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*Note: Please return the completed form to CBDD office (Tel: 04-2205-3366 ext 7732) within two weeks after the student finished the lab rotation.*