

Undergraduate Research in Biomedical Sciences Evaluation Form

Student:

Evaluator:

Date:

Please assess the student's performance by checking the boxes according to the scale indicated.

| | Exceptional | Above Average | Meets Expectations | Below Expectations | Not Applicable |
|--|-------------|---------------|--------------------|--------------------|----------------|
| Dependability | | | | | |
| Effectiveness in completing tasks: | | | | | |
| Ability to solve problems effectively | | | | | |
| Motivation | | | | | |
| Ability to work with others | | | | | |
| Verbal communication | | | | | |
| Written Communication | | | | | |
| Quality of contribution made | | | | | |
| Professionalism | | | | | |
| Overall Performance Rating | | | | | |

Additional comments about strengths or weaknesses or recommendations for improvement:

SUBMIT FORM