

## Lab Rotation Evaluation

Date \_\_\_\_\_

Faculty Name \_\_\_\_\_

Student Name \_\_\_\_\_

Rotation Semester and Year \_\_\_\_\_

1. Please rate the student's performance in your laboratory:

	Poor	Average	Excellent	Outstanding
Attendance				
Enthusiasm				
Independent thinking				
Initiative				
Technical ability				
Reliability				
Response to criticism/suggestions				
Interactions with others				

2. Are you concerned about this student's ability to progress in the vision science program?  
If yes, then please explain.

3. Would you consider this student into your lab? If not, then please provide a brief explanation.

4. Additional Comments (if any):