

Medical Scientist Training Program

Student Evaluation of Lab Form

Student Name

Mentor Name

- Evaluation Type:** ☐ **Five-week Summer Rotation**
☐ **Ten-week Summer Rotation**
☐ **Four month/Extended rotation**
☐ **PhD Lab**

Dates Evaluation Covers

PURPOSE:

1. To assist MSTP in matching future students with laboratories. **THIS IS A CONFIDENTIAL COMMUNICATION TO MSTP ADMINISTRATION.** Knowing how mentor/mentee interactions are structured in different laboratories can help in identifying a good fit or a possible mismatch in advance for students interested in the research area.

Please note that the amount of time each faculty member can spend with a student varies. The purpose of the evaluation is to provide feedback as to the overall quality of the learning experience you received. Again, the completed evaluation form will not be returned to your advisor.

How frequently do you meet with your mentor?

- ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Less than Quarterly
☐ Not at all

How often are the following methods of communication used?

Telephone _____ E-Mail _____ Face-to-Face _____
1=Daily 2=Weekly 3=Monthly 4=Quarterly 5=Less than quarterly 6=Not at all



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Please use the following rating scale to describe mentor characteristics. Place a check next to the number for each category.

1=Excellent 2=Satisfactory 3=Unsatisfactory 4=Insufficient observation to rate

The evaluation **will not** be shared with the mentor!

QUALITY OF WORK

Explanation of the scientific basis of the Thesis project	☐ 1	☐ 2	☐ 3	☐ 4
Lab environment	☐ 1	☐ 2	☐ 3	☐ 4
Work is intellectually stimulating	☐ 1	☐ 2	☐ 3	☐ 4
Facilitates discussion of my project	☐ 1	☐ 2	☐ 3	☐ 4

COMMUNICATION

Easy to talk with	☐ 1	☐ 2	☐ 3	☐ 4
Clear and concise in meetings	☐ 1	☐ 2	☐ 3	☐ 4
Offers positive suggestions but let me make decisions	☐ 1	☐ 2	☐ 3	☐ 4
Offers suggestions for scientific writing	☐ 1	☐ 2	☐ 3	☐ 4
Offers suggestions for presentations	☐ 1	☐ 2	☐ 3	☐ 4
Opportunity to discuss technical aspects of the project	☐ 1	☐ 2	☐ 3	☐ 4
Opportunity to discuss broader scientific areas related to your project	☐ 1	☐ 2	☐ 3	☐ 4

PROFESSIONALISM

Accessible	☐ 1	☐ 2	☐ 3	☐ 4
Helpful	☐ 1	☐ 2	☐ 3	☐ 4
Fairness (works well with me and others)	☐ 1	☐ 2	☐ 3	☐ 4
Organized	☐ 1	☐ 2	☐ 3	☐ 4
Motivated	☐ 1	☐ 2	☐ 3	☐ 4
Integrity	☐ 1	☐ 2	☐ 3	☐ 4
Inspires an interest in research	☐ 1	☐ 2	☐ 3	☐ 4



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The evaluation **will not** be shared with the mentor!

Please answer the following question as honestly as possible.

Would you recommend a rotation in this laboratory to others?

☐ Yes

☐ No

Reason for recommending or not recommending mentor:

Additional Comments: