慈濟大學 學位學程辦公室
行政助理 黃周玉琴 小姐
Tel: (03)85653015#2011
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轉譯醫學學位學程
實驗室輪訓評量表

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) _____
Recommend final score: _____(0-100, pass: ≥ 70)

_____
Please sign in the column when the evaluation is **complete**.

_____
Signature of Rotation Advisor/ Date

※請各位老師於學生完成 Lab Rotation 2 週內，將本表回傳至校方學程辦公室 (*Fax: (03)8573053*)，以利後續行政作業，非常感謝您!