

## Laboratory Rotation Evaluation

*To be completed by Rotation Preceptor:*

STUDENT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ROTATION NUMBER: 1 2 3 (Circle one)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Rotation Preceptor: \_\_\_\_\_

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Technical skills:	Poor	Acceptable	Good	Excellent
Laboratory attendance:	Poor	Acceptable	Good	Excellent
Communication skills:	Poor	Acceptable	Good	Excellent
Understanding of project:	Poor	Acceptable	Good	Excellent

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Comments on skills learned and progress made during the rotation and any serious deficiencies:

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Rotation Grade (Circle One): Pass Fail

\_\_\_\_\_  
Signature of Rotation Preceptor Date: \_\_\_\_\_

**RETURN COMPLETED FORM TO THE PROGRAM COORDINATOR:**

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