Supervisor:
Rotation Number:
Dates of Rotation:
Student:
Project Title:

1. Introduction to Relevant Literature:
   □ unsatisfactory    □ satisfactory    □ outstanding

2. Quality of Technical Training:
   □ unsatisfactory    □ satisfactory    □ outstanding

3. Degree of Independence Provided:
   □ unsatisfactory    □ satisfactory    □ outstanding

4. Availability of Supervision:
   □ unsatisfactory    □ satisfactory    □ outstanding

5. Support in the Laboratory:
   □ unsatisfactory    □ satisfactory    □ outstanding

6. Assessment of Own Productivity:
   □ unsatisfactory    □ satisfactory    □ outstanding

7. Communication with Supervisor:
   □ unsatisfactory    □ satisfactory    □ outstanding

8. Overall Assessment of the Rotation:
   □ unsatisfactory    □ satisfactory    □ outstanding

Specific Comments:

Student Signature

Date

Note: Where the student is rotating in the Chair’s lab, this form is to go to the Chair of the Graduate Training Committee.
MMI Graduate STUDENT Rotation Evaluation

Student:

Rotation Number: Dates of Rotation:

Supervisor:

Project Title:

I. Familiarity With Relevant Literature:
☐ unsatisfactory ☐ needs improvement ☐ satisfactory ☐ excellent

2. Technical Expertise and Quality of Data Produced:
☐ unsatisfactory ☐ needs improvement ☐ satisfactory ☐ excellent

3. Degree of Independence:
☐ unsatisfactory ☐ needs improvement ☐ satisfactory ☐ excellent

4. Experimental Design Capabilities:
☐ unsatisfactory ☐ needs improvement ☐ satisfactory ☐ excellent

5. Data Analysis Capabilities:
☐ unsatisfactory ☐ needs improvement ☐ satisfactory ☐ excellent

6. Student Productivity:
☐ unsatisfactory ☐ needs improvement ☐ satisfactory ☐ excellent

7. Communication:
☐ unsatisfactory ☐ needs improvement ☐ satisfactory ☐ excellent

8. Interpersonal Skills:
☐ unsatisfactory ☐ needs improvement ☐ satisfactory ☐ excellent

9. Inter-lab Interactions:
☐ unsatisfactory ☐ needs improvement ☐ satisfactory ☐ excellent

10. Overall Assessment:
☐ unsatisfactory ☐ needs improvement ☐ satisfactory ☐ excellent

Specific Comments:

________________________________________  ____________________________
Supervisor Signature Date

________________________________________  ____________________________
Student Signature Date

Note: The student's signature does not necessarily indicate agreement with this evaluation, it merely indicates that it was reviewed by the student and supervisor together.

cc Student / Supervisor / Chair—Grad Training Committee
MMI 601 SEMINAR PRESENTATION EVALUATION FORM

Student: ________________________________ Adjudicator: ________________________________
Date: ________________________________  Passing mark: YES ☐ NO ☐

Abstract: Was the circulated abstract clear and informative?
Comments:
o o o

Introduction
Description of the motivation for research, hypotheses or research questions, prior research, and context
Comments:
o o o

Was the content accurate and appropriate for the topic and audience?
Comments:
o o o

Experiments & Results
Was the rationale for each experiment clear and were the experimental methods clearly explained?
Comments:
o o o

Were results clearly presented and critically analysed?
Comments:
o o o

Conclusion
Were results linked back to the initial research questions in a clear summary/conclusion, and final model?
Comments:
o o o

Were questions handled knowledgeably and professionally?
Comments:
o o o

Presentation
Visuals, pointer use, pace and clarity of speech, interaction with audience, body language, enthusiasm, logical organization
Comments:
o o o

Overall assessment of presentation:
o o o

Please use the backside of the page for final remarks, if any.

Students should make copies for their own files and send the originals to Bart Hazes (1-15 MSB).

Version February 2, 2005
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<tr>
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<th>N/A</th>
<th>Cannot evaluate</th>
<th>Inadequate</th>
<th>Adequate</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
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<td>Is well prepared (background theory, etc.)</td>
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<td>Demonstrates good practical skills (in the lab)</td>
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<td>Communicates instructions/theory well</td>
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<td>Demonstrates good organization</td>
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<td>Shows enthusiasm for the subject and can stimulate questions, ideas and discussion</td>
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<td>Answers student questions accurately and promptly</td>
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<td>Evaluates students fairly and marks exams and assignments promptly</td>
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<td>Respects students and develops a rapport with them</td>
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<td>Willing to spend time with students outside of class/lab time</td>
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<td>Can write good exam questions</td>
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**Please comment on the student’s ability to comprehend and/or communicate verbally in English:**

**Please comment on the student’s strengths, weaknesses and areas for improvement:**
STUDENT EVALUATION:

Student response to evaluation:

Student suggestions for enhancing the TA experience:

Student suggestions for enhancing the course:

Student would like to TA again next year if there is a need.  Yes ☐  No ☐

Which course(s)?________________________________________________________________________

Which term(s)?________________________________________________________________________

Other comments:

Note:  Supervisor and TA should each see the other’s evaluations before signing off.

_________________________________________  ________________________________
Student Signature                      Date

_________________________________________  ________________________________
Course Instructor or Coordinator Signature    Date

cc  Student / Supervisor / MMI Office