

**SCHOOL OF MOLECULAR BIOSCIENCES
MENTOR EVALUATION OF STUDENT**

Please return evaluation to the PSM Academic Coordinator at tamara.breske@wsu.edu. Feel free to attach additional pages.

Student's Name: _____

Internship Site: _____

Mentor's Name: _____

Phone: _____ Email: _____

1. Please evaluate the student on the following scales in comparison to other similarly assigned students or personnel, OR with respect to achievement of objectives.

	POOR	MARGINAL	AVERAGE	GOOD	EXCELLENT
A. Interpersonal relations	1	2	3	4	5
B. Kept agreements	1	2	3	4	5
C. Judgment	1	2	3	4	5
D. Dependability	1	2	3	4	5
E. Learning ability	1	2	3	4	5
F. Quality of Work	1	2	3	4	5
G. Punctuality	1	2	3	4	5
H. Ability to teach	1	2	3	4	5
I. Overall	1	2	3	4	5

2. Briefly relate this student's strong and/or weak work habits.

3. Would you recommend that this student pursues a career related to this experience, and if so, what additional recommendations would you make to better prepare the student for such a career?

4. What special problems affected this student's performance of objectives, such as inappropriate timing of the experience, deficiencies in the student's training, interaction with co-workers, etc.?

5. Has this evaluation been discussed with the student? Yes _____ No _____

Mentor Signature: _____ Date: _____