

SCHOOL OF PHARMACY AND HEALTH SCIENCES

MASTER OF SCIENCE IN HUMAN GENETICS AND GENETIC COUNSELING

Progress and Self-Evaluation Form

PART 1

This form is to be reviewed with your supervisor at the beginning of the rotation

Student Name _____

Site Name _____

Rotation # _____ Fieldwork Start Date _____ Fieldwork End Date _____

Goals

Please identify three goals, including areas of skill progression, you would like to further develop for this rotation. How do you plan to accomplish these goals? Also include what type(s) of support you think necessary to receive from your supervisor(s) in order to achieve these goals:

Goal 1

Goal 2

Goal 3

Strengths and Areas of Improvement

At this point in my training, my greatest areas of strengths are:

At this point in my training, my greatest areas for improvement are:

**Date must be entered prior to electronic signature.*

Signatures

The above was reviewed with my supervisor(s)

Signature of Genetic Counseling Student _____ Date _____

Signature of Supervisor _____ Date _____