

SCHOOL OF PHARMACY AND HEALTH SCIENCES

MASTER OF SCIENCE IN HUMAN GENETICS AND GENETIC COUNSELING

Mid-Rotation Evaluation Form

Student Name _____

Rotation Site _____

Rotation # _____ Dates _____ to _____

Supervisor(s) _____

Student

I feel that I have been developing skill/knowledge in the following areas:

I have the following goal(s) for the remainder of this rotation:

I plan to accomplish the goal(s) by doing the following:

Supervisor

The student's skill level is appropriate for the current level of training/education: Yes No

I/we would like the student to focus on the following during the remainder of the rotation period:

The student demonstrates particular strength in the following area(s):

Additional comments:

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

Signatures

Signature of Genetic Counseling Student _____ Date _____
Signature of Supervisor _____ Date _____