

RESEARCH CAPSTONE PROJECT MENTOR'S EVALUATION

Note: this form is only needed if the mentor is NOT BSC faculty

Project Mentor's Name and Title: _____

Student Name: _____ Student MUID# _____

Project Title: _____

Student completed at least 90 hours. YES NO If NO, how many hours? _____

Please assess the student by assigning a rating (0-5, with 5 being highest) to items 1-5 below.

_____ 1. problem solving skills and ability to analyze information critically

_____ 2. reflection, self awareness and self assessment abilities

_____ 3. ability to apply knowledge to shadowing experiences

_____ 4. ability to keep records, and manage time

_____ 5. ability to collaborate, work on a team and listen effectively

Optional. If you as the research mentor were in a position to assess either of the following, please rate from 0-5.

_____ 6. OPTIONAL effective writing skills as evidenced by their written report.

_____ 7. OPTIONAL effective oral communication skills as evidenced by his/her oral

report on this project which was presented to : _____

Date of oral presentation: _____

Please use space below to provide specific comments on any aspect of your evaluation. Attach a separate sheet if needed.

Research Mentor's Signature: _____ Date: _____

The preferred method of returning this form is via email. The general email address is **bioproposals@marshall.edu**, or the specific contact information for the current coordinator can be found here:

<https://www.marshall.edu/biology/capstone-is/>

Note: This document is required for assessment, and therefore it must be secure. If this form is given to the student to return, it must be placed in a sealed envelope, with the mentor's signature over the seal. If the form is emailed, it must come from the mentor's professional email address. Please do not mail this form.