

# SHADOWING MENTOR'S EVALUATION OF CAPSTONE PROJECT

Shadowing 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 shadowing 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.**

Shadowing 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.**