

SEMI-ANNUAL STUDENT EVALUATION

(Form)

STUDENT (Name & Credentials):

REVIEW DATE:

STUDENT'S DEPARTMENT/DIVISION:

DEADLINE DATE:

☐ **August 31st** aka **Fall** Semi-annual Evaluation
(Evaluation Period: February-July)

☐ **February 28th** aka **Spring** Semi-annual Evaluation
(Evaluation Period: August-January)

SUPERVISING PROFESSOR (Name & Credentials):

RESEARCH SUPERVISING COMMITTEE:

MSCI-TS COGS Member (Name & Credentials):

MSCI-TS Graduate Faculty Member (Name & Credentials):

External Expertise Specific Faculty Member (Name & Credentials):

GOALS OF THE SEMI-ANNUAL STUDENT EVALUATION PROCESS ARE TO:

- Encourage a candid conversation between supervising professor(s) and student.
- Create a document for review by the student's Research Supervising Committee (RSC) and by the MSCI-TS Committee on Graduate Studies (COGS).
- Provide the student with a critique of past six months performance and accomplishments.
- Establish concrete goals to clarify performance expectations.
- Identify research and career development options.

Section I: Student Self-Assessment

Brief Overview of student's research project and major accomplishments:

☐ Yes ☐ No

[illegible]

☐ Yes ☐ No

[illegible]

- [illegible]

If yes, please list. (Include for each listing: date, seminar, location, type, and Presentation title.)

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- ☐ Yes ☐ No

If yes, please list. (Include for each listing: date, name/title, and brief description.)

[illegible]

- ☐ Yes ☐ No

If yes, please list. (Include for each listing: submitted and/or funded applications.)

[illegible]

- ☐ Yes ☐ No

[illegible]

- ☐ Yes ☐ No

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- ☐ Yes ☐ No

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• **Supervisory activity:**

☐ Yes ☐ No

If yes, please describe. (i.e., oversight of graduate/undergraduate or summer Student-include name, academic level, and project title.)

• **Teaching:**

☐ Yes ☐ No

If yes, please describe. (i.e., lectures or lab sessions, and hours-include Department, course name, and section title.)

• **Clinical activity:**

☐ Yes ☐ No

If yes, please describe.

• **Committee or other service activity:**

☐ Yes ☐ No

If yes, please describe. (*Indicate if you held an office.*)

• **Other professional activity not identified above:**

☐ Yes ☐ No

If yes, please describe.

• **Other activities (community, etc.) with professional relevance:**

☐ Yes ☐ No

If yes, please describe.

• Are there any obstacles to your research productivity?

☐ Yes

☐ No

If yes, please describe.

Section II: Student Research and Other Training Plans for the Next Six (6) Months

• Research project and professional development goals:

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- Fellowship or other grant applications planned (indicate funding agency type of award, and application date):

- Other professional training (e.g., course work):

Section III: Student Career Goals

- Describe your long-term career goals:

- **Describe what further research activity or other training is needed before it is appropriate to begin your job search:**

- **When will your job search be initiated?**

- **Please indicate if there are other issues that will affect your job search (e.g., relocation constraints, and international trainee with an assured position in home country):**

Section IV: Supervising Professor's Assessment of Student's Performance

Rate performance in the following areas:

	Expectations Not Achieved	Meets Expectations	Exceeds Expectations	Distinguished	Cannot Assess
Overall Knowledge of:					
Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methods/Lab Techniques/Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity/Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data:					
Management (e.g., lab records)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of Data/Extension of Findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching/Mentoring/Supervisory Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving/Critical Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Innovation/Original Ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication:					
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL ASSESSMENT

Would you recommend student for continuation in MSCI-TS Program?

☐ Yes ☐ No

What is the next level for this student? (e.g., job, additional training in this lab, additional training in another lab)

What does the student need to do to reach the next level and what are the plans to achieve this translation?

Additional comments:

Section V: Signatures

(Signatures below acknowledge review of this semi-annual evaluation.)

STUDENT'S SIGNATURE: _____ **DATE:** _____

STUDENT'S NAME (Name & Credentials): _____

SUPERVISING PROFESSOR'S SIGNATURE: _____ **DATE:** _____

SUPERVISING PROFESSOR'S NAME (Name & Credentials): _____

STUDENT PROGRESS REPORT

STUDENT (Name & Credentials): _____

SUPERVISING PROFESSOR (Name & Credentials):

Signature Date

SUPERVISING COMMITTEE:

MSCI-TS COGS Committee Member (Name & Credentials) Signature Date

MSCI-TS Graduate Faculty Committee Member (Name & Credentials) Signature Date

Expertise Specific Faculty Committee Member (Name & Credentials) Signature Date

STUDENT (Name & Credentials):

Signature Date