

RESEARCH CAPSTONE PROJECT MENTOR'S EVALUATION

Project Mentor's Name and Title: _____

Student Name: _____ Student ID # 901 _____

Project Title: _____

The student completed at least 90 hours of work for the project. YES NO

If NO, how many hours were spent on the project? _____

Please assess the student by assigning a point value (0-10) to each of items 1-5 below.

_____ 1. problem solving skills and the ability to analyze results critically

_____ 2. reflection, self awareness and self assessment abilities

_____ 3. the ability to apply knowledge to practical experience

_____ 4. develop skills through some tangible product?

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

Total Points Earned: _____

Was the final report on the project seen by you? YES NO

If the final report involved a presentation, on what date was it given? _____

To whom? _____

Please use space below to comment on any aspect of your evaluation and/or any follow up or potential benefits derived by the student from this project. Include any comments on the final report or presentation. Attach a separate sheet if needed.

Project Mentor's Signature: _____ Date: _____

When completed, please either print this form, sign, and return via mail or Fax, or sign electronically by typing your name and emailing the saved pdf to:

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