

**GRADUATE STUDENT EVALUATION FORM
MENTAL HEALTH SERVICES RESEARCH, EVALUATION, AND TRAINING
PROGRAM – UH MANOA**

Graduate Student _____ Date _____

Faculty Advisor _____ Semester/Year _____

This form is to serve as a written evaluation for the performance of the graduate student indicated above. It is to be filled out by the faculty advisor who accepts responsibility for setting the objectives, and who directs the training of the student. Please assess the performance of the student on a scale of quality from 1-6, with 1 being excellent and 6 the equivalent of failure.

I. DEPENDABILITY AND COMMITMENT:	1	2	3	4	5	6
II. FUND OF KNOWLEDGE:	1	2	3	4	5	6
III. PROBLEM SOLVING & THOUGHT PROCESSES:	1	2	3	4	5	6
IV. RESEARCH ABILITIES:	1	2	3	4	5	6
V. INTERPERSONAL SKILLS (teamwork)	1	2	3	4	5	6
VI. ADMINISTRATIVE QUALITIES (time management, efficiency, follow-through)	1	2	3	4	5	6
VII. SPECIFIC COMMENTS: Performance relative to level of education and experience.	1	2	3	4	5	6

VIII. OPTIONAL: Additional Comments:

Please ask the student to sign and date this form, indicating that they are aware and accepting of this evaluation.

Student signature _____ Date _____

Faculty Advisor _____ Date _____