

## Graduate Student Researcher Evaluation

|                             |              |                                  |                |
|-----------------------------|--------------|----------------------------------|----------------|
| _____<br>Student first name |              | _____<br>Student last name       |                |
| Academic term/year:         | Fall / _____ | Spring / _____                   | Summer / _____ |
| Degree program:             | PhD          | Current date (mm-dd-yyyy): _____ |                |

|                                |                               |
|--------------------------------|-------------------------------|
| _____<br>Supervisor first name | _____<br>Supervisor last name |
|--------------------------------|-------------------------------|

**GSR performance during this appointment period** (*indicate all that apply*):

- |  |   |
|--|---|
| Collect data   | Apply advanced computer skills                                      |
| Analyze data   | Work with faculty/students from diverse backgrounds and ethnicities |
| Develop methods (e.g. questionnaire, study forms)                | Participate in seminars/workshops and other education activities    |
| Summarize methods (e.g. for scientific presentations/study MOPs) | Attend meetings with supervisors and collaborators                  |
| Report results   |   |

Other (*specify below*):

**Comments on performance:**

Did the student work 20 hours per week consistently? Yes      No

Was performance sufficient to warrant GSR continuation, provided that funding is available? Yes      No

*To be completed by Epidemiology Student Services Office staff:*

Did the student attend Epidemiology Seminar (EPIDEM 2250) regularly? Yes      No

|                               |                            |
|-------------------------------|----------------------------|
| _____<br>Supervisor signature | _____<br>Date (mm-dd-yyyy) |
|-------------------------------|----------------------------|

*To be completed by the faculty supervisor and signed by faculty and student. Please forward completed form to Epidemiology Student Services ([epistudentservices@edc.pitt.edu](mailto:epistudentservices@edc.pitt.edu)).*