

SCHOLARLY CONCENTRATIONS PROGRAM ELECTIVE SELF-ASSESSMENT FORM AND EVALUATION

Part I (To be completed by the student)

Nam	e	Student ID Number <u>U</u>	
Phor	neEmail	PeriodConcentration	
List l	earning objectives and work products (from the SCP EL	LECTIVE application form)	
	Objectives	Work Products	
1			
2			
3			

Please evaluate the extent to which the above objectives were achieved.

2. 3. 4. 5.	1.	
4. 5	2.	
5	3.	
5.	4.	
	5.	

What challenges or obstacles did you experience during this SCP ELECTIVE?

Given the opportunity, what would you have changed about this SCP ELECTIVE?

How well did this SCP ELECTIVE meet your expectations?

Overall, what contributed most significantly to your learning in this SCP ELECTIVE? What was the most important feature to retain?

Do you have any additional comments about this SCP ELECTIVE?

Student signature

Date

Part II (To be completed by the faculty mentor)

Circle one

Student Name: _____

Evaluation Scale: 1 = Unsatisfactory 2 = Needs Improvement 3 = Expected Level 4 = Exceeds Expectations 5 = Exceptional						
Shows scholarly and reflective approach to project	1	2	3	4	5	N/A
Shows commitment to project	1	2	3	4	5	N/A
Shows depth of knowledge	1	2	3	4	5	N/A
Shows realistic appreciation of his/her own competence and limitations	1	2	3	4	5	N/A
Shows initiative/works independently	1	2	3	4	5	N/A
Shows time management and follow-through skills	1	2	3	4	5	N/A
Accepts direction or criticism comfortably	1	2	3	4	5	N/A
Shows good judgment, coherent line of reasoning	1	2	3	4	5	N/A
Works well with and shows respect for members of the team	1	2	3	4	5	N/A
Reliable and responsible	1	2	3	4	5	N/A
Written communication skills	1	2	3	4	5	N/A
Oral communication skills	1	2	3	4	5	N/A

Comments: (Please specify how grade was determined and justify all unsatisfactory or incomplete grades.)

Suggestions for improvement:

Suggested Grade: (Please check one)	 Satisfactory Unsatisfactory 	Incomplete (please explain)
Mentor	's Name (Please Print)	Mentor's Signature
Date Signer	d	