



Research Course Final Evaluation

Every student and supervisor must turn in a Final Evaluation. This Final Evaluation should be submitted to the Office of Academic Services at University College at 15 King's College Circle, Room 173, by the last day of classes in April.

Student's name: _____ **Student #:** _____

Supervisor's name: _____

Title of Project: _____

Part I: Student Final Evaluation

Ia. Project Performance

1. Were you able to complete the tasks outlined in the evaluation plan to your satisfaction? Please explain.

2. What issues did you encounter that hindered your progress (if any)? How did you address these issues? In retrospect, is there anything you would have done differently?





PART II: Supervisor Progress Report

Ila. Final Grades

Based on the Evaluation Plan listed in the Research Proposal form, please list all assignments completed and the grades awarded to the student. Please note that students should receive feedback on individual assignments; this feedback should be provided as soon after the assignment is due as possible.

Assignment (Description & scope)	% of Final Grade	Grade Achieved
TOTAL GRADE ACHIEVED (i.e., final grade):		

Comments on grades, if any:



IIb. Supervisor's Assessment of Student Work

1. Do you agree with the student's assessment of their progress towards completing the tasks outlined in the evaluation plan? Please explain.

2. To what extent did the student meet your expectations?

3. What, if any, issues arose that needed to be addressed? How were they addressed, if at all?

IIc. Feedback and suggestions do you have for the Independent Research program at the Health Studies Program?

1. How could the student have been better prepared for her/his research project?



2. How might you have been better prepared by Health Studies to work with the student?

3. What additional resources would be useful prior to or during the research project?

4. Do you have any additional suggestions?

Signatures

Student

Signature: _____ Date: _____

Student name (print): _____

Supervisor

Signature: _____ Date: _____

Supervisor name (print): _____

If you have any questions or concerns, please contact the Health Studies Program Director at healthstudies.director@utoronto.ca, or the Program Assistant, Office of Academic Services
University College, Room 173, 15 King's College Circle, Toronto, Ontario, M5S 3H7
T: 416.978.8083 | F: 416.971.2027 | uc.programs@utoronto.ca