

CENTER FOR EXCELLENCE IN EDUCATION  
RESEARCH SCIENCE INSTITUTE 2005

Mentor Evaluation Form

(Please return this form to your student(s) or mail it to:  
(Ms. Maite Ballesterro, CEE, 8201 Greensboro Dr., Suite 215, McLean, VA 22102)

Student Name: \_\_\_\_\_ Mentor Name: \_\_\_\_\_

Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please give your general impressions of your intern's research work this summer.

Please comment on the written report prepared by your intern.

Please comment on your experience as an RSI mentor this summer. Do you have any suggestions for how the program might be improved?