

FORMATIVE EVALUATION

MASTER'S AND DOCTORAL RESEARCH PROGRAMS

This evaluation must be carried out at the end of each semester with the exception of the semester in which a report from the Advisory Committee is submitted.

STUDENT IDENTIFICATION			
Last name, First name		Student ID	Status in Canada
Department/School	Program		Option (if applicable)
Semester and year of admission	Registration status	Cumulative average /4,3	
Supervisor		Co-supervisor	
Main location of your research activities (campus or affiliated research center)			

The supervisor completes the grid below, briefly explaining his or her assessment of the student's progress in training and work (add a page if necessary), and agreeing with the student on the objectives to be achieved in the coming year. This evaluation must be filed in the student's file, after signature by the graduate program director. **The scale ranges from 1. problematic (clearly unsatisfactory) to 5. Excellent (clearly above expectations).** If you give a rating of 1 or 2, you must justify your assessment.

	CRITERIA	APPRECIATION						COMMENTS (if necessary, add a page)
		N.A.	1	2	3	4	5	
1	Knowledge of the research topic							
2	Related scientific knowledge							
3	Work planning							
4	Technical skills							
5a	Progress of work - method							
5b	Progress of work - results							
6	Oral presentation skills							
7	Writing skills							
8	Scientific curiosity							
9	Initiative/autonomy/creativity							
10	Critical thinking							
11	Motivation							
12	Ability to receive feedback							
13	Team integration							

OBJECTIVES

A. The objectives set at the last evaluation were achieved:

B. The objectives for the next evaluation are as follows:

1.	5.
2.	6.
3.	7.
4.	

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COMMENTS		
SIGNATURES		
	Signature	Date
Student* <i>* I have read this evaluation (if necessary, please attach comments on a separate sheet)</i>		
Research Supervisor		
Research Co-supervisor		
GRADUATE PROGRAM DIRECTOR		
Appropriate progression Problem situations identified (check all that apply): Ratings of 1 or 2 for more than two skills Project progress judged unsatisfactory Other		
Type of follow-up according to the problem(s) reported		
Name	Signature	Date