SSRA SUPERVISOR REVIEW FORM FOR RESEARCH REPORT – CREDIT STUDENTS ONLY

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| **Supervisor Review Form**  **for Research Report**  **Due: September 2nd 2024** | |
| **Dear Supervisor and Co-Supervisor,**  Following the completion of your students SSRA 2024 project, can you please complete and sign the following assessment form and forward in PDF format to [**ssra@ucd.ie**](mailto:ssra@ucd.ie)  The EMAIL SUBJECT LINE should read:  **Name of supervisor: Research Report: Project Number SSRA 2024**  Example:  **Dr Amanda McCann: Supervisor Research Report: Project Number X** | |
| **NB:** These Reports also need to have the **Supervisor’s and/or Co-Supervisor’s** signature on the cover page. | |
| Please can you give a Final Joint Mark Out Of 10 for this project work and we will do the conversion. | |
| **GUIDELINES ARE AS FOLLOWS** | |
| **<4** | **Unacceptable**: If you select this, please can you give your reasons in the section asking for general comments about the student’s aptitude |
| **4/10** | Average project work/Average student |
| **5/10** | Turned up, did the work. Just about got through this assignment |
| **6/10** | Solid project work/Good solid student |
| **7/10** | Shows potential to work in a laboratory/clinical research environment |
| **8/10** | Excellent student, a pleasure to work with, contributed substantially to the research programme |

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| **Supervisor Review Form for**  **Research Report – Credit Students ONLY**  **Deadline: September 2nd 2024** | | | | | | | | |
| **This Form must be completed by the Project Supervisor and Co-Supervisor for all students**  **(5 Credit and Audit)** | | | | | | | | |
| **Supervisor:** | |  | | | | | | |
| **Co-Supervisor:** | |  | | | | | | |
| **Student:** | |  | | | | | | |
| **Student Number:** | |  | | | | | | |
| **Project Title:** | |  | | | | | | |
| **SSRA PROJECT #** | |  | | | | | | |
| **Please TICK as appropriate** | | | | | | | | |
| **Did the student complete an 8 week programme of laboratory/clinical based research?** | | | | | | | | |
| **YES** | | |  | | **NO** | |  | |
| **If NO please give details** | | | | | | | | |
|  | | | | | | | | |
| **Were the project objectives set out at the initial meeting attained?** | | | | | | | | |
| **YES** | | |  | | **NO** | |  | |
| **If NO please give details** | | | | | | | | |
|  | | | | | | | | |
| **Did the student show interest in the project?** | | | | | | | | |
| **YES** |  | | | **NO** |  | **No Comment** | |  |
| **Did the student work consistently?** | | | | | | | | |
| **YES** |  | | | **NO** |  | **No Comment** | |  |
| **Did they show motivation?** | | | | | | | | |
| **YES** |  | | | **NO** |  | **No Comment** | |  |
| **Was the student able to trouble-shoot problems?** | | | | | | | | |
| **YES** |  | | | **NO** |  | **No Comment** | |  |
| **Did they display independent thinking?** | | | | | | | | |
| **YES** |  | | | **NO** |  | **No Comment** | |  |
| **Were they good team players?** | | | | | | | | |
| **YES** |  | | | **NO** |  | **No Comment** | |  |
| **Do you think this student has the potential to be one of the 2022 SSRA Medal Finalists for Research?** | | | | | | | | |
| **YES** |  | | | **NO** |  | **Maybe** | |  |
| **Your final mark out of 10** | | | | |  | | | |
| **Any general comments regarding the student’s aptitude, ability or overall performance?** | | | | | | | | |
|  | | | | | | | | |
| **Any general comments about the Summer Research Scheme. Anything you might suggest for the running and improvement of subsequent programmes?** | | | | | | | | |
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| On behalf of the SUMMER STUDENT RESEARCH Committee, I would like to thank you again for the tremendous amount of work that you have put into supporting these very important research initiatives for our students in 2024. Without you, the scheme would not be possible and we sincerely hope that your student has helped and contributed to your programme of research.  Dr Noreen Sheehy (Chair SSRA 2024) | | | | | | | | |