

2015-16 Doctoral Student Annual Evaluation and Mentoring Plan

For Research Doctoral Students (PhD and EdD only)

Evaluation Period: 2015-16 Academic Year

Submission Deadline: May 30, 2016

Please provide typewritten responses only

1. Doctoral Student Information (completed by the student)

Carlos Yero

3510203

Physics

Name Panther ID Doctoral Program

cyero002@fiu.edu

33

3.730

Fall 2014

E-mail Total Graduate Credits Completed Cumulative Graduate GPA Entry Term into Doctoral Program (e.g. Fall 2011)

Dr. Werner Boeglin

Physics

boeglinw@fiu.edu

Major Professor's Name

Department

Email

Student Status

☒ Full-time ☐ Part-time

Date or expected date for:

Approved dissertation committee (D1 Form):

Anticipated Approved

Select one 2016

Advancement to candidacy:

2017 Select one

Research Proposal Approval:

2017 - Select one

Dissertation Defense:

After 2018 - Select one

Planned Coursework (e.g. SPN5000) for AY 2016-17:

PHY6939

PHY 5936

Coursework with IN

Proposed Term for resolution of IN

Financial Support

your financial support during this evaluation period (check all that apply for 2015-2016)

☐ DYF, DEA or Presidential Fellowship

☐ Personal Resources

☐ McNair or McKnight Fellowship

☐ Financial Aid

☒ Teaching or Graduate Assistantship

☐ Bank Loans

☐ Research Assistantship

☐ Other:

Scholarship and Professional Development for 2015-2016

External fellowships (Provide title, agency and submission date) for 2015-2016

HUGS 2016, Jefferson Lab, March 16, 2016

Presentations (Provide authors (underline presenter), title, meeting, date, and location) for 2015-2016

Publications (Provide authors, date, title, journal, pages, published) for 2015-2016

Awards/Honors/Service for 2015-2016

Career/Internships/Professional Development Activities for 2015-2016

2. Goals and Accomplishments (completed by the student)

List your major accomplishments for the evaluation period of 2015-2016:

Visited Jefferson Lab to attend Hall C Collaboration Meeting and visited the experimental Hall C.
Completed required radiation safety training.

Identify performance goals you would like to achieve prior to your next evaluation:

Contribute to the experimental Hall C SHMS/HMS coincidence trigger setup.

Setup analyzer for $d(e,e'p)n$ reaction.

Present my research proposal to the graduation committee.

Identify specific goals/topics you would like to discuss during your evaluation:

What is the expected date for Commissioning of Data

3. Performance Summary and Future Goals (completed by the major professor and committee*)

Student's Performance Summary and Recommendations (This section is for the major professor/committee to make comments relevant to the student's evaluation).

Successfully completed courses and was accepted to HUGS 2016 fellowship

Identify goals for student to achieve during the next evaluation period. Goals should be SMART (Specific, Measurable, Agreed-upon, Results-focused and Timed)

Have working analyzer for $d(e,e'p)n$ events

Analyze existing $d(e,e'p)n$ or $H(e,e'p)$ data as test

Familiarize with Monte Carlo Simulation

Be ready to start analysis of production/commissioning data

Student comments (This section is for the student to provide any additional comments following the evaluation meeting.)

* Note: For students who do not have an approved D-1 form on file with UGS, only the graduate program director's or designated advisor's evaluation and signature are required.

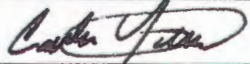
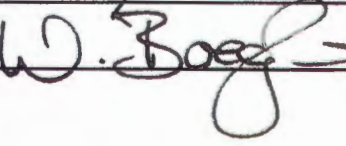
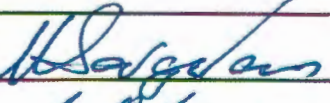
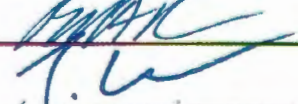
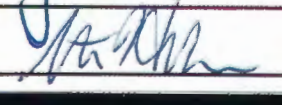


4. Evaluation of Core Competencies (to be completed by the Major Professor)

Please check one box Per Competency	Consistently Exceeds Expectations (5)	Occasionally Exceeds Expectations (4)	Meets Expectations (3)	Occasionally Does Not Meet Expectations (2)**	Consistently Does Not Meet Expectations (1)**	N/A
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

****Needs Student Performance Improvement Plan** (If student falls into "occasionally does not meet expectations" or "consistently does not meet expectations" for any of the core competencies, please complete Section 6 on next page.)

5. Required Signatures*

By signing below, we confirm that the committee has met on _____ (Date of meeting) to discuss and complete this evaluation with the student.

Student and Committee	Signature	Print Name	Date
Student:		Carlos Yero	04/25/16
Major Professor/Advisor:		Dr. Werner Boeglin	04/25/16
Co-Major Professor:	_____	_____	_____
Committee Member:		Dr. Misak Sargsian	04/25/16
Committee Member:		Dr. Brian Raue	04/25/16
Committee Member:		Dr. Joerg Reinhold	04/25/16
Committee Member:		Dr. Steven Hudson	04/25/16
College and UGS	Signature	Print Name	Date
Chair/Program Director:		Dr. Brian Raue	04/25/16
College Academic Dean:	_____	Dr. Michael R. Heithaus	_____
UGS Dean:	_____	Dr. Lakshmi N. Reddi	_____

6. Student Performance Improvement Plan (to be completed by the Major Professor)

(Required only if the student was marked as "occasionally did not meet expectations" or "consistently did not meet expectations" on any of the core competencies listed in section 4.)

Please provide an improvement plan (items A-C) below:

A) an explanation of how the student did not meet expectations

B) suggestions for improvement of performance

C) a timeline for completion and evaluation of specific milestones and/or the dissertation.

Questions regarding the Annual Evaluation should be directed to the University Graduate School at ugs@fiu.edu or 305-348-2455.