



Youth Research Program (YRP) Evaluation Form

Name of Student : Xu ZhiZhi Attachment Period : June-Dec 2017

Name of School : Raffles Institution Email Address : zhizhi.xu@yahoo.com

Research Project Title Evaluation of Circulating Tumor Cell Count in Non-small Cell Lung Cancer Patients

Mentor : Shi Jun-Li

Thank you for participating in the IBN Youth Research Program. This program is specially designed to introduce you to biomedical research and provide you with some hands-on laboratory experience. In order to help us assess the effectiveness of our program, we have prepared the following survey form for your completion. Do take some time to answer the questions and give us your feedback on how we may improve our Youth Research Program.

This Form is confidential so please do not disseminate to unauthorised parties. Thank you.

Tell Us What You Think! Please highlight or underline your responses to the questions.

1. Have you heard about IBN before you attended YRP? (Check the appropriate box)

☐ Yes

☒ No (Please proceed to Q4.)

2. What did you hear/know about IBN before you attended YRP? (Fill in the blanks)

3. Where did you find out about IBN? (Check the appropriate box)

☐ A-Star/IBN Events

☐ Friends

☐ IBN Website

☐ School Teacher/Principal

☐ Media

☐ Other Sources:

4. Please assess your research project. (Check the appropriate box)

☐ Uninteresting

☒ Average

☐ Interesting

5. How would you rate your mentor's supervision? (Check the appropriate box)

☐ Very Poor

☐ Poor

☒ Average

☐ Good

☐ Excellent

6. List 2 things about your mentor's supervision that you like. (Fill in the blanks)

(i) She is helpful and clarifies my doubts.

(ii) I get to work independently.

7. What were your expectations about this program? (E.g. Did you expect to see or learn anything in particular?) (Fill in the blanks)

I wanted to experience how it is like working in a biomedical research lab.

8. Did the program meet your expectations? (Check the appropriate box)

☒ Yes

☐ No: Please state your reason:

9. List 2 things about YRP that could be improved upon (e.g. mentor's supervision, YRP administration, lab environment, research project, etc.) (Fill in the blanks; leave this section blank if you do not have any constructive input)

(i) It'll be nice if students can be posted to mentors with schedules that can accommodate to their attachment periods.

(ii)

10. Would you like to visit IBN again? (Check the appropriate box)

☒ Yes: What would you like to see or do again?

I would like to do another YRP attachment.

☐ No: Why not?

11. Are you more encouraged to pursue a career in scientific research? (Check the appropriate box)

☒ Yes: Please state your reason:-

This attachment gave me authentic experience in biomedical research and I am inspired by the passionate research scientists working here.

☐ No: Please state your reason:-

12. Would you be keen to attend talks about A*Star research scholarships? (Check the appropriate box)

☒ **Yes**

☐ **No**

13. The Outstanding Mentor Award recognises IBN's research scientists for their excellent efforts, dedication in mentoring, outstanding leadership and guidance potential. Would you nominate your mentor for this award? If yes, please give reasons and specify examples of your mentor's dedication. (Fill in the blanks).

14. On the whole, how would you rate the Youth Research Program (YRP)? (Check the appropriate box)

☐ **Very Poor**

☐ **Poor**

☐ **Average**

☒ **Good**

☐ **Excellent**

Please state your reason:-

It is a rare opportunity for students like me to experience working in a lab and interacting with people who are so passionate and knowledgeable.

15. Do you have any other comment or feedback about YRP? (Fill in the blanks).

NIL

Thank You!