

Student: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

**Evaluation Scale**

For each criterion, please use the following ratings:

Fail (F) – Low Pass (LP) – Pass (P) – High Pass (HP)

**First Progress Report Evaluation**

**Comments**

1. How well does the student understand the problem they are addressing? \_\_\_\_\_
2. Do they have a realistic plan for completion of the project? \_\_\_\_\_
3. Have they clearly identified any changes since the Proposal? \_\_\_\_\_
4. Have they identified any barriers/obstacles to success they have encountered? \_\_\_\_\_
5. How well did they describe work completed up to this point? \_\_\_\_\_
6. Quality of the oral presentation? \_\_\_\_\_

**Overall Evaluation of the student's work up to this point? \_\_\_\_\_**

**Suggestions for the Student:**