ANNUAL REVIEW PART I
Example Format (To be completed by the Participant)

ACHIEVEMENTS FOR THE ORISE-EMPP PARTICIPANT

ACCOMPLISHMENTS:

In Lieu of an itemized list of accomplishments a report on your research project may be submitted

OTHER:

REMARKS:

CONCURRENCE:

a. ORISE: Participant _____ Date: 00/00/00
Signature

b. Mentor: _____ Date: 00/00/00
Signature

ANNUAL/FINAL REVIEW FORMAT
PART II

ORISE PARTICIPANT QUESTIONNAIRE
(To be completed by the participant)

QUESTIONNAIRE INSTRUCTIONS: Please complete the questionnaire and give one copy to your mentor. Completed renewal paperwork, mentor and participant questionnaires, should be submitted by fax to Ms. Diane Lewis or Ms. Brenda Shaeffer NLT thirty (30) days prior to renewal period, (410) 436-5811. If terminating your appointment, please fax completed questionnaires/summary at least two weeks prior to the termination date. If you have questions please call Ms. Diane Lewis or Ms. Brenda Shaeffer at (410) 436-5461/(410) 436-7256.

Name: _____ Date: _____

Check one:

_____ Requesting Renewal
_____ Terminating (If terminating, please give effective date of termination)
(_____)

1. Did your research appointment meet your expectations? (Circle One) On a scale from one to ten please rate.

   Did not meet expectations 1 2 3 4 5 6 7 8 9 10 Met expectations

   Comments:
   _____
   _____
   _____

2. What formal training did you receive during the past year? Please describe and list any courses and hours per course.
   _____
   _____
   _____

3. What types of informal training did you receive during the past year? From whom?
   _____
   _____

4. Did you earn a degree during the past year? _____Yes _____No. If yes, what degree?

(Circle One) AS BS MS Ph.D. Other: _____

What discipline? _____

5. Please rate the quality of administrative support you received from ORISE.

(Circle ONE)

Low 1 2 3 4 5 6 7 8 9 10 High

Comments:

_____
_____
_____
_____

6. If you are requesting a renewal of your appointment, please indicate the following:

a. For what length of time are you requesting renewal (maximum 12 months)? _____

b. What research do you propose doing during your renewal period?

_____
_____
_____
_____

7. Please comment on the overall research experience you received as it relates to your objective. _____

_____
_____
_____
_____
_____

8. Has this appointment contributed to your objective? Please Rate.

(Circle ONE)

Low 1 2 3 4 5 6 7 8 9 10 High

_____
_____
_____

9. If you are terminating your ORISE appointment indicate why:

___ **Return to school**.

What school? _____
Pursuing what degree?_____
In what discipline?_____

____ **Employment**

Name of employer? _____
Job Title?_____

____ **Other reason**. Please specify: _____

10. If you are terminating, please indicate forwarding address(es):

Address to which you want final stipend check sent:

Permanent address:

_____ _____
(Signature) (Date)

ANNUAL/FINAL REVIEW FORMAT
Continued
PART III
MENTOR QUESTIONNAIRE

QUESTIONNAIRE INSTRUCTIONS: Your ORISE participant will give you a completed ORISE Participant Questionnaire when requesting renewal or terminating from the program. Completed renewal paperwork, mentor and participant questionnaires, should be submitted by FAX to Ms. Diane Lewis or Ms. Brenda Shaeffer, (410) 436-5811. If you have questions about the renewal or termination process, please call Ms. Diane Lewis or Ms. Brenda Shaeffer at (410) 436-5461/ (410) 436-7256.

Participant Name: _____

Requesting Renewal _____ (If requesting renewal, what is desired length of renewal period? #____ months, maximum 12 months)

Recommended stipend amount for renewal period: $_____ per month

Terminating _____ (If terminating, what is the effective date of termination)

MIPR submitted to AEC? (Please allow ten workdays for USAEC to complete, approve, and reissue MIPR to DOE)

_____ Yes, already submitted (Please include date submitted), _____ being prepared
_____ Provide an information copy to Donna Laird, Fax (410) 436-5811.

Why do you wish to renew this participant's ORISE appointment?_____
_____
_____
_____
_____

How effective was this ORISE participant at conducting research under your mentorship?

Evaluate the contribution of the participant to your specific research project.
(On a scale from 1 to 10 please rate by circling the number that corresponds)

Low 1 2 3 4 5 6 7 8 9 10 High

Comments: _____

_____

_____

_____

How effective was your relationship with the participant in enhancing his/her skills or knowledge?

(Circle One)

Low 1 2 3 4 5 6 7 8 9 10 High

Comment: _____

_____

_____

Please rate the quality of ORISE administrative support:

(Circle One)

Low 1 2 3 4 5 6 7 8 9 10 High

Comments: _____

_____

_____

_____

Please rate the quality of AEC support :

(Circle One)

Low 1 2 3 4 5 6 7 8 9 10 High

Comments: _____

_____

_____

_____

_____ _____

(Signature) (Date)