

Appendix no. 1 to the Rules for the evaluation of scientific care

REPORT OF EVALUATION OF SCIENTIFIC CARE

1	Krakow, date
Part A	
NAME AND SURNAME OF THE SUPERVISOR	
NAME AND SURNAME OF THE PhD STUDENT	
DATE OF BEGINNING OF EDUCATION AT THE DOCTO	ORAL SCHOOL
DISCIPLINE	
DEPARTMENT	
ASSISTANT SUPERVISOR	

 $Part\ B\ \mbox{(filled by the supervisor)}\ *\ \mbox{\it please\ circle\ the\ appropriate\ answer}$

	1	2	3	4	5	
	insufficient	sufficient	good	vety good	perfect	
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	1	2	3	4	5	
	insufficient	sufficient	good	vety good	perfect	



Part C (filled by PhD student) * please circle the appropriate answer

I. I assess the ava	ilability of the s	upervisor as *:	:		
1	2	3	4	5	
insufficient	sufficient	good	vety good	perfect	
II. I assess the sup	ervisor's help in	n the preparati	ion of IPB as:		
1	2	3	4	5	
insufficient	sufficient	good	vety good	perfect	
III. I assess the sup	ervisor's help in	n the impleme	ntation of IPB a	s:	
1	2	3	4	5	
insufficient	sufficient	good	vety good	perfect	
IV. I assess the sup	pervisor's help i	n my research	to date as:		
1	2	3	4	5	
insufficient	sufficient	good	vety good	perfect	
V. The supervisor'	s consultations	help me in th	e current researc	th in a way:	
1	2	3	4	5	
insufficient	sufficient	good	vety good	perfect	
,	ndividual researd	ch plan (IPB)	part of a doctora	l study what you v	vould change
			• • • • • • • • • • • • • • • • • • • •		