



Trainee Evaluation

STUDENT INFORMATION

Student Name: _____ **Student ID:** _____

The Training Institution

**The Name Of Institute/
Company**

Address

Telephone

Fax

Email

**Company Industrial
Supervisor Name:**

Job Title

Extension Number:

Email:

Trainee working time

Starting Date:

Finishing Date:

**Number of working
days:**

**Number of
absence days:**

**Average daily working
hours for the student
per day:**

**Total working
hours for the
student:**

Program Evaluation

Please state the main tasks the student did and the duration for each.

Tasks	Duration



Concept	Evaluation				
	Excellent	Very Good	Good	Satisfactory	Weak
Capability to implement tasks					
Ability to benefit from tasks					
Corporation with supervisor					
Corporation with colleagues					
Applying the theoretical information learned in university					
Complying with the official working hours					

<u>Additional comments/ Recommendations(by the supervisor)</u>
1.
2.
3.
4.
5.

Supervisor signature and official stamp	
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