

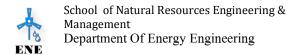
## **Trainee Evaluation**

	STUDENT INFORMATION	
Student Name:	Student ID:	

	The Training Institution
The Name Of Institute/	
Company	
Address	Telephone
Fax	Email
Company Industrial	Job Title
Supervisor Name:	•
Extension Number:	Email:
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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					

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

Supervisor signature and official stamp	