**Student Evaluation Form**

Note: This report must be filled out without the student knowledge.

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| **1-Trainee Information** |
|  | Name  | ………………………………………….. |
|  | ID # | ………………………………………….. |
|  | Major | ………………………………………….. |
|  | Level  | ………………………………………….. |
|  | Mobil No. | …………………………………………. |

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| **2-Firm Hosting the Training Information** |
|  | Name | ………………………………………………… |
|  | Address | ……………………………………………….. |
|  | Telephone Number | ………………………………………………. |
|  | Firm General Manager | ………………………………………………. |

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| **3-Trainee Attendance** |   |
|  | Training Starting Date | …………/…………/ …………  |
|  | Training Ending Date | ………. /…………../ …………. |
|  | Morning Schedule |  to  | Evening Schedule(If any) |  |
|  | Total Number of Office Training  | ………………………………………..…….. Days |
|  | Total Number of Field/Site Training  | ……………………………………………… Days |
|  | Total Number of Absences  | ………………………………………………. Days |
|  | Was the Trainee Punctual during his/her training Period? | Yes | No |
| Comments: ………………………………………………………………………………………… …………………………………………………………………………………………… |

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| 4- Training Assessment |
|  | A. Trainee Direct Supervisor Name  | Title |
|  | Briefly describe the assignments/period that were carried out by the trainee:1-2-3-4- |
|  | B. Trainee ability to carry out assignments and duties |
|  |  | Excellent |  | V. Good |  | Good |  | Acceptable |  | Weak |
|  | C. Trainee willingness and response in carrying out his assignments and duties |
|  |  | Excellent |  | V. Good |  | Good |  | Acceptable |  | Weak |
|  | D. Trainee response and attitude to supervisor instructions and directions |
|  |  | Excellent |  | V. Good |  | Good |  | Acceptable |  | Weak |
|  | E. Trainee involvement in teamwork environment |
|  |  | Excellent |  | V. Good |  | Good |  | Acceptable |  | Weak |
|  | F. Trainee capacity to relate theory to engineering practice |
|  |  | Excellent |  | V. Good |  | Good |  | Acceptable |  | Weak |

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| 5-Additional Comments and recommendations about the training and/or the trainee |
|  | …………………………………………………………………………………………….…………………………………………………………………………………………….…………………………………………………………………………………………….…………………………………………………………………………………………….…………………………………………………………………………………………….……………………………………………………………………………………………. |

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| 6- Firm General Manager  |
|  | Name | …………………………………………………………… |
|  | Job Title | …………………………………………………………… |
|  |  | Date | ……/…………/……… |