**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 | ……/…………/……… |