



## **Confidential Evaluation Form**

Note 1: This report must be filled out by the supervisor and the student must not have access to the information given here.

Note 2: Upon completing and signing this form, please return to the student in a sealed envelope.

### **1- Student Information:**

Name: .....

University ID No: .....

Department: .....

Mobile No: .....

### **2- Employer Information:**

Name of institution: .....

Address: .....

Supervisor Name: .....

Supervisor Phone No: .....

### **3- Student Attendance:**

Training Starting Date ...../...../.....

Training Ending Date ...../...../.....

Daily Time Schedule From .....AM to .....PM

Total Number of Office Training ..... Days

Total Number of Field/Site Training ..... Days

Total Number of Absences ..... Days

Was the student punctual during the training period? Yes ☐ No ☐

**4- Training Assessment:**

A. Student Direct Supervisor Name:

Title:

.....

.....

Briefly describe the assignments and roles that were carried out by the student during the training period:

1-

2-

3-

4-

B. Student 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

**5-Additional Comments and Recommendations about the Student:**

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**6- Supervisor Signature:**

Name: .....

Signature: .....

Date ...../...../ .....