



Trainee Evaluation

STUDENT INFORMATION

Student Name:

Student ID:

The Training Institution

The Name Of Institute/
Company

Address

Telephone

Website

Supervisor Name

Supervisor Job Title

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:

Note: this table should contain no modification or alteration.

Program Evaluation

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

Tasks	Duration

Supervisor signature

Date

Official stamp



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)

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Supervisor signature	Date
Official stamp	