

## Final Evaluation Report (Organization)

Note: please return this report in a sealed envelope to the academic advisor or send it by email.

Trainee Information	
Name	
Student ID	
Phone	T :
	M:
e-mail	

	Evaluation Criteria	Score	Out of
<b>Job Performance</b>	Attendance & punctuality		15
	Meeting work plan requirements		15
	Ability & enthusiasm to learn		5
	Ability to apply knowledge		5
	Quality of work produced (productivity)		5
	Ability to follow instructions		5
	Taking Initiative in work		5
	Overall organization		5
<b>Personal characteristics</b>	Conduct and discipline		5
	Responsibility		5
	Self confidence& independence		5
	Problem solving skills		5
	Creativity		5
	General appearance		5
	Cooperation with colleagues		5
	Communication skills		5
<b>Total</b>			<b>100</b>

**Note :** This is the average of all monthly reports

<p><b>Strength of intern</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p><b>Areas of improvement</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p><b>Other comments</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

Would you be interested in hiring this trainee in your organization ?    yas        no

Training Department Information		
Organization Name		
Head of Training Dept. Name		
Supervisor Name		
e-mail		
Phone	Fax	
Signature	Date	

Thank you for this collaboration