



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
Job Performance	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
Personal characteristics	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
Total			100

Note: This is the average of all monthly reports.

Strength of intern
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Areas of improvement
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Other comments
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

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

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

Thank you for this collaboration