NAME OF TRAINING SUPERVISOR					
DESIGNATION					
COMPANY					
DEPARTMENT					
ADDRESS					
TELEPHONE NUMBER					
NAME OF STUDENT					
POSITION OF STUDENT IN THE COMPANY					
JOB DESCRIPTION OF THE STUDENT					
HOURS COMPLETED					
Please rate the student-trainee assigned to your specific department based on each of the criteria listed below. Kindly check on the box which corresponds to your evaluation. Please check only one box per criterion. Thank you very much.					
WORK ATTITUDE	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
Regular Attendance					
Punctual in Reporting to Work					
Willingness to Accept Responsit					
Ability to Follow Instructions					
Completion of Assigned Tasks Systematic in Doing Task					
Neatness of Assigned Work					
Ability to Use Equipment					
Awareness of Work Assignment					
PERSONAL TRAITS	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
Personal Grooming					
Wearing of Appropriate Attire					
Courtesy and Politeness					
Helpfulness					
Industriousness					
Initiative					
Calmness under Pressure					
COMMENTS:					
OVERALL RATING OF THE STUDENT-TRAINEE IN YOUR  1.00 (Outstanding)		y Good) od)	RTMENT: (Please check only one)  □ 2.50 (Satisfactory) □ 2.75 (Fair) □ 3.00 (Passed)  EVALUATED BY:		
SIGNATURE OVER PRINTED NAME DATE://					