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|------------------------------------|--|
| 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Punctual in Reporting to Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Willingness to Accept Responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to Follow Instructions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completion of Assigned Tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Systematic in Doing Task | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Neatness of Assigned Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to Use Equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Awareness of Work Assignment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| PERSONAL TRAITS | EXCELLENT | VERY GOOD | GOOD | FAIR | POOR |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Personal Grooming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wearing of Appropriate Attire | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Courtesy and Politeness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Helpfulness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Industriousness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Calmness under Pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS:

OVERALL RATING OF THE STUDENT-TRAINEE IN YOUR DEPARTMENT: (Please check only one)

- | | | |
|---|---|--|
| <input type="checkbox"/> 1.00 (Outstanding) | <input type="checkbox"/> 1.75 (Very Good) | <input type="checkbox"/> 2.50 (Satisfactory) |
| <input type="checkbox"/> 1.25 (Excellent) | <input type="checkbox"/> 2.00 (Good) | <input type="checkbox"/> 2.75 (Fair) |
| <input type="checkbox"/> 1.50 (Remarkable) | <input type="checkbox"/> 2.25 (Average) | <input type="checkbox"/> 3.00 (Passed) |

EVALUATED BY :

SIGNATURE OVER PRINTED NAME
DATE : ____ / ____ / ____