**FM-ACD0802-10** **(E) Rev.1**

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**Trainee's Evaluation Form**

|  |  |
| --- | --- |
| **Name of the Institute:** | **Trainee's Name:** |
| **Immediate Supervisor:** | **Department:** |
| **Date of Completion:** | **Start Date of Training:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Remarks** | **Deserved mark** | **Assessment mark** | **Assessment items** |  |
|  |  | **3** | **Attendance and punctuality** | **Performance** |
|  |  | **2** | **Adherence to work regulations** |
|  |  | **2** | **Work under pressure** |
|  |  | **2** | **Initiative** |
|  |  | **2** | **Work within a team** |
|  |  | **2** | **Complete work accurately on time** |
|  |  | **2** | **Work Quality** |
|  |  | **2** | **Ability to take responsibility** | **Personal Characteristics** |
|  |  | **2** | **General appearance** |
|  |  | **2** | **Accept instructions and guidance** |
|  |  | **2** | **Ability to communicate and express opinion** |
|  |  | **2** | **Supervisors and colleagues** | **Interpersonal Relations With** |
|  |  | **25** | **Total** | |

**Confidential to the Training Institute. Please send it to the Academic supervisor in a sealed envelope.**

|  |  |
| --- | --- |
| ....................................................................................................  ....................................................................................................  .................................................................................................... | **Trainee's Strength Areas** |
| ....................................................................................................  ....................................................................................................  .................................................................................................... | **Areas To Be Improved** |
| ....................................................................................................  ....................................................................................................  .................................................................................................... | **Other Remarks** |

**Thank You For Your Cooperation**

**Immediate Supervisor Stamp Institute Manager**

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**Signature Signature**

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