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

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 **Trainee's Evaluation Form**

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| --- | --- |
| **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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