

Monthly Evaluation Report

| Trainee Information | | Academic Advisor Information | |
|---------------------|----|------------------------------|----|
| Name | | Name | |
| ID | | Department | |
| Department | | Phone | T: |
| Major | | | M: |
| Phone | T: | e-mail | |
| | M: | | |
| e-mail | | | |

| Training Supervisor Information | | | |
|---------------------------------|--|-------------------|--|
| Name | | | |
| Phone | | | |
| e-mail | | | |
| Training Start Date | | Training End Date | |

| | | Note: 1 means poor and 5 means excellent | | | | |
|--------------------------|--|--|---|---|---|---|
| Evaluation Criteria | | 1 | 2 | 3 | 4 | 5 |
| Job Performance | Attendance & punctuality | | | | | |
| | Meeting work plan requirements | | | | | |
| | Ability & enthusiasm to learn | | | | | |
| | Ability to apply knowledge | | | | | |
| | Quality of work produced (productivity) | | | | | |
| | Ability to follow instructions | | | | | |
| | Quality of report generation (if applicable) | | | | | |
| | Overall organization | | | | | |
| Personal Characteristics | Conduct and discipline | | | | | |
| | Responsibility | | | | | |
| | Self confidence & independence | | | | | |
| | Problem solving skills | | | | | |
| | Creativity | | | | | |
| | General appearance | | | | | |
| | Cooperation with colleagues | | | | | |
| | Communication skills | | | | | |

Comments:

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Training Supervisor Signature: _____