

## Final Evaluation Report (Organization)

**Note:** Please return this report in a sealed envelope to the academic advisor.

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

Evaluation Criteria		Score*
Job Performance	Attendance & punctuality	.....out of 5
	Meeting work plan requirements	.....out of 5
	Ability & enthusiasm to learn	.....out of 5
	Ability to apply knowledge	.....out of 5
	Quality of work produced (productivity)	.....out of 5
	Ability to follow instructions	.....out of 5
	Quality of report generation (if applicable)	.....out of 5
	Overall organization	.....out of 5
Personal Characteristics	Conduct and discipline	.....out of 5
	Responsibility	.....out of 5
	Self confidence & independence	.....out of 5
	Problem solving skills	.....out of 5
	Creativity	.....out of 5
	General appearance	.....out of 5
	Cooperation with colleagues	.....out of 5
	Communication skills	.....out of 5
<b>Total score</b>		<b>.....out of 80</b>

Would you be interested in hiring this trainee in your organization?      yes      no

Comments: .....

### Training Department Information

Organization Name	
Head of Training Dept. Name	
Phone	
Fax	
e-mail	
Signature	□      □
Date	

\*Note: This is the average of all monthly reports.