



Form No.604

**Philadelphia University
Faculty of Engineering**

Student Training Evaluation Form

Student Name: _____ **ID No.:** _____

Department: _____ **Date :** _____

Training Period: From / / To / / () Weeks

To be completed by the direct supervisor (in company):

Item	Evaluation Item	Excellent 4	Very Good 3	Average 2	Poor 1
1	Academic Background				
2	Performance Quality				
3	Task Achievement Promptness				
4	Ability to hold Responsibilities				
5	Attendance Punctuality				
6	Dealing with Superiors				
7	Dealing with Colleagues				
8	Eagerness to Learn				
9	Ability to follow Tasks Execution				
10	Abiding by Regulations and Rules				

Total Marks:	Total Evaluation:
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Direct Supervisor Comments:

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Supervisor Name:

Signature & Stamp

Phone:

Email: