

Student Placement Training Evaluation Form

Name of Trainee:

Trainee Placement Year: ☐4 ☐5

Formation: **Engineering School** (5 Years of studies)

Type of training and objectives:

Dates of training:

Name of company:

Town - Country:

Name of Trainer/Mentor:Date, signature & stamp :

(Job title)

Objective of training/Assignment Given of Trainee:

<i>Criteria (Tick as appropriate)</i>	<i>Very Good</i>	<i>Good</i>	<i>Average</i>	<i>Unsatisfactory</i>	<i>N/A</i>	<i>Comments</i>
<i>General Performance in Relation to Work</i>						
Appearance & Punctuality						
Open-mindedness, aware of surroundings						
Reliable						
Ability to adapt						
Motivation, Enthusiasm & Dynamism						
Persistence						
Versatility						
Self-motivation						
Initiative						
Planning, organization of time, objectives, knowing how to delegate						
Ability & Participation						
Capacity of Work						
<i>Rational</i>						
Aptitude for Oral Communication						
Aptitude for Written Communication						
Sense of Hierarchy						
Team spirit (ability to work in a team)						
Ability to recognize needs of others						
Ability to Analyse						
<i>Appropriate of level of work</i>						
Theoretical knowledge						
Technical knowledge						
Putting in practice						

Comments from training mentor (Possible strong points and points for improvement):

Would you have this student back for training ?

☐yes ☐no

If the occasion arose, would you take on this student on completion of his(her) training ? ☐yes ☐no