



Confidential Evaluation Form

Note 1: This report must be filled out by the supervisor and the student must not have access to the information given here.

Note 2: Upon completing and signing this form, please return to the student in a sealed envelope.

1- Student Information:

Name:

University ID No:

Department:

Mobile No:

2- Employer Information:

Name of institution:

Address:

Supervisor Name:

Supervisor Phone No:

3- Student Attendance:

Training Starting Date/...../.....

Training Ending Date/...../.....

Daily Time Schedule FromAM toPM

Total Number of Office Training Days

Total Number of Field/Site Training Days

Total Number of Absences Days

Was the student punctual during the training period? Yes No

4- Training Assessment:

A. Student Direct Supervisor Name: Title:

Briefly describe the assignments and roles that were carried out by the student during the training period:

- 1-
- 2-
- 3-
- 4-

B. Student ability to carry out assignments and duties
 Excellent V. Good Good Acceptable Weak

C. Trainee willingness and response in carrying out his assignments and duties
 Excellent V. Good Good Acceptable Weak

D. Trainee response and attitude to supervisor instructions and directions
 Excellent V. Good Good Acceptable Weak

E. Trainee involvement in teamwork environment
 Excellent V. Good Good Acceptable Weak

F. Trainee capacity to relate theory to engineering practice
 Excellent V. Good Good Acceptable Weak

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5-Additional Comments and Recommendations about the Student:

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6- Supervisor Signature:

Name:

Signature:

Date/...../