	Hashemite University **Prince Al-Hussein bin Abdullah II Faculty for Information Technology** **Students Practical Training Program – Evaluation Form**	

Important instructions for filling this form:

This form can be submitted as a Hardcopy. It must be printed, carefully filled-in, signed, and put in a sealed envelope by the immediate training supervisor in the training organization. The envelope should be addressed to the supervisor of the students' training program. The Student (Trainee) is responsible for forwarding/submitting the sealed envelope to the students' training program's supervisor.

Instead, a softcopy of the form can be submitted. The immediate training supervisor will fill it out electronically and send it directly to the university's training supervisor's email from the training organization's email.

Important notes:

1) The sealed envelope is not supposed to be opened, ripped, or damaged. Otherwise, the report will not be accepted, and the earned grade would be incomplete pending verification.
2) Students must bring back this form within eight weeks, starting from the first day of training.
3) Along with this form, a detailed report must also be submitted regarding your training activities and objectives.

First: Student Personal Information	
Name	
University ID	
Major	
Training Period	From / / to / /

Second: Training Organization	
Full Name	
Address	

Third: Student Attendance		
How do you evaluate the student's commitment to working hours?		
□ Acceptable	□ Good	□Excellent
Total Number of training hours: _____.		

Fourth: The evaluation of skills and knowledge students earned during training.

	Item	Acceptable	Good	Excellent
1	Has the ability to gain valuable practical experience and build on top of his/her knowledge.			
2	A good team worker; willing to cooperate; accepts ideas; desires to improve; shows interest; works well with others			
3	Accomplishes an acceptable amount of tasks with accurate and correct solutions; fast; eager; does a good job.			
4	Has the ability to combine theoretical and practical knowledge in problem-solving.			
5	Technical Competency; possess good conceptual skills; organizational skills.			
6	Overall Rating			

Fifth: Training Supervisor

Has the training coordinator at the university communicated with the company?

☐ Yes   ☐ No

Sixth: Suggestions

What suggestions do you have for the student that might increase his/her value to the organization and further his/her professional development?

Seventh: Training Supervisor Information

Name:	Signature and Stamp:
Email:	
Phone	
Date:	