Trainee Information	
Name	…..
ID	…..
Department	…..
Major	…..
Phone	**T: …..** **M: …..**
e-mail	**…..**

Training Supervisor Information			
Name	…..		
Phone	…..		
e-mail	…..		
Training Start Date	…..	**Training End Date**	…..

		Note: 1 means poor and **5** means excellent				
Evaluation Criteria		**1**	**2**	**3**	**4**	**5**
Job Performance	Attendance & punctuality					
	Meeting work plan requirements					
	Ability & enthusiasm to learn					
	Ability to apply knowledge					
	Quality of work produced (productivity)					
	Ability to follow instructions					
	Quality of report generation (if applicable)					
	Overall organization					
Personal Characteristics	Conduct and discipline					
	Responsibility					
	Self confidence & independence					
	Problem solving skills					
	Creativity					
	General appearance					
	Cooperation with colleagues					
	Communication skills					

Comments: …..

Training Supervisor Signature: …..

نموذج تقرير منتصف فترة التدريب* COOP Progress – Midway Evaluation Report

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