**Summer Training Evaluation Form (Confidential Report)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student's Name** | | | | **Student's I.D.** | | **Department** | | **Specialization** | | |
|  | | | |  | |  | |  | | |
| **Name of Establishment/ Company Offering Training** | | | |  | | | | | | |
| **Address** | | | |  | | | | | | |
| **Field of Specialization** | | | |  | | | | | | |
| **Department** | | | |  | | | | | | |
| **Training Duration** | **From: / /14 H, to: / /14 H**  **From: / /20 G, to: / /20 G** | | | | | **No. of training weeks** | | |  | |
| **Summary of student training program:** | | | | | | | | | | |
| **Student's Performance Evaluation** | | | | | **Good** | | **Average** | | | **Poor** |
| **Behavior** | | **Attendance** | | |  | |  | | |  |
| **Compliance with instructions** | | |  | |  | | |  |
| **Cooperation** | | |  | |  | | |  |
| **Capabilities** | | **Understanding** | | |  | |  | | |  |
| **Accountability** | | |  | |  | | |  |
| **Team work** | | |  | |  | | |  |
| **Independent work** | | |  | |  | | |  |
| **Creativity** | | |  | |  | | |  |
| **Academic background** | | |  | |  | | |  |
| **General Evaluation During the Training Period** | | | | |  | |  | | |  |
| **Overall performance of the student:** | | | | | | | | | | |
| **Supervisor's Name** | | | **Position** | | | | **Signature** | | | **Stamp** |
|  | | |  | | | |  | | |
| **Please send this form after filling to the Training Coordinator at the College of Engineering. P.O. Box 800 , Riyadh 11421 – Tel.: 4677107 - Fax 4676698** | | | | | | | | | | |