**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** |