## UNIVERSITY OF MORATUWA, SRI LANKA FOUR - WEEKLY CONTINUOUS ASSESSMENT REPORT SHEET

(To be submitted after every four weeks to the Training Division. A total of 6 reports are expected by the end of the training period. Please Refer Section 09, page 5 of Training Handbook)

1.	Name of Undergraduate (as appearing the Undergraduate Register at the University)	Mı	r./N	Ís.											••••			
	Mobile and email	0														@	)	
	Address during Training Period	<b></b>																
			••••				•••				••••							
1.2	Undergraduate Registration No.																	
2.	Field of Specialization (1)	B	M	C	Н	CE	•	CS	F	EE	E	N.	MT	ME	ER	TT	7	ΓLM
3.	Training Stage <sup>(1)</sup>	Se	mes	ster	6 /	Rep	eat											
4.	Overall Training Period		From To															
	-			/			′						/		/			
5.	Name of Training Organization														· · · · · · · · · · ·			
	Address																	
	Name of Training Incharge / Coordinator		• • • •			••••	•••				•••	• • • •		•••••		•••••		
					 		···	····						· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · ·			
	Tel./Mobile & email Address	0														@		
6.	Address /Location of the current						• • •				• • •							
0.	Training Work Site				 										· · · · · · · · · · · ·			
	City				 			 		 			 		 			
	Name & Designation of Training						•••				• • • •	• • • •						
	Supervisor				 					· · · · · ·								
	Mobile/ Telephone, e-mail		• • • •		• • • •				• • • •		••••		• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • •	•••••		
	of Training Supervisor	0											• • • • • • •	• • • • • • •	•••••	@.	••••	
5.	Report for four (4) week period					Fron	n								То			
<u>Note</u> . Please attach the structured training		Week No. (1- 24)						Week No. (1- 24)										
	program and schedule prepared, with the first report sent.	'	wee	K I	NO.	(1-2	4)						wee.	k No. (	(1- 24)	)		
	the hist report sent.			/			/	2	0	1	9		/		/ /	2 0	1	9
	(1) - Delete what is not applicable																	
	· - Delete what is not applicable																	
									S	Sign	atı	are (	of Uno	dergrae	duate/	Date		

A summary of your work experience during the four (04) weeks should be attached to this sheet. Include shortcomings, problems if any in the last paragraph. **Evaluation by Supervisor overleaf**.

## 8. Evaluation by Supervisor

	Disagree		Neutral		Agree	Not Applicable
Personal Traits and Qualities						
Punctuality is as expected	1	2	3	4	5	N/A
Is reliable/ dependable	1	2	3	4	5	N/A
Has appropriate dress/appearance	1	2	3	4	5	N/A
Shows Initiative and resourcefulness	1	2	3	4	5	N/A
Accepts constructive criticism	1	2	3	4	5	N/A
Relationship with staff and others	1	2	3	4	5	N/A
Has expected level knowledge of field	1	2	3	4	5	N/A
Thinks independently	1	2	3	4	5	N/A
Recognizes problems and develops soluti	ons 1	2	3	4	5	N/A
Demonstrates good ethics	1	2	3	4	5	N/A
Follows instructions	1	2	3	4	5	N/A
Flexibility	1	2	3	4	5	N/A
Overall Performance	1	2	3	4	5	N/A
Communication Skills						
Uses written communication effectively	1	2	3	4	5	N/A
Uses Oral communication effectively	1	2	3	4	5	N/A
Has good listening skills	1	2	3	4	5	N/A
General Performance						
Has a good attitude/ application to work	1	2	3	4	5	N/A
Work quality is high	1	2	3	4	5	N/A
Work quantity is as expected	1	2	3	4	5	N/A
(Please Circle the appropriate)						

Date: .....

Name: .....

.....

Signature:

Company Seal: