

STUDENT WEEKLY REPORT

Student Name: Abel Kidane Haile ID Number: 100053692

Organization Name: Bayanat

Report for week starting: 10/07/2023 Organization's Supervisor Name: _____

This section is a series of questions which should be answered with brief comments in terms of your work during the past week.

Question: Have you	
been provided with safe and healthy working conditions all times Comment: <u>The working Environment is safe.</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
been involved in technical design? Comment:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
been involved in engineering production? Comment:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
been involved in commercial activities? Comment:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
developed any new skills in your work? Comment: <u>Learned how to use docker to build docker images</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
become involved in product innovation? Comment:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
been required to read technical information? Comment: <u>Revised OOP concepts for python, gradient descent and other documentation</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
worked as part of a team? Comment:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
developed your ability to communicate? Comment:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
been required to consider the financial aspects of your particular tasks? Comment: <u>Discussed how to efficiently develop a training layout code</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
been required to meet deadlines? Comment:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
applied concepts and theory to your work? Comment: <u>Applied the concepts in training a Yolov8 model for a head detector</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
been required to decide priorities? Comment:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
become more aware of the relationships between departments of the organization? Comment:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
been set new objectives? Comment: <u>Every time I complete a task objective, I would go to the next one</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
completed previously set objectives? Comment: <u>Completed the objectives set for the week</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
reviewed your progress with your industrial supervisor? Comment: <u>Prepared slides that revise what I completed within the week</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Countersigned by the Organization's Supervisor: _____ Date: _____