



CO-OP Trainee Evaluation

Trainee Information	
Name	
ID	
University	
Major	
Phone	T: _____ M: _____
e-mail	

Training Supervisor Information	
Name	
Department	
Phone	T: _____ M: _____
e-mail	

Training Department Information	
Head of Training Dept. Name	
Phone	
Fax	
e-mail	
Signature	
Date	



CO-OP Trainee Evaluation

- **Personality and Overall Performance Evaluation** (filled by training supervisor)

Evaluation Criteria	Score and Remarks
	(1 = low; 5 = high)
Attendance & punctuality	
General appearance	
Communication skills	
Cooperation with colleagues	
Following organization policy and supervisor instructions	
Ability to learn	
Enthusiasm to learn	
Ability to apply knowledge	
Quality of work produced	
Meeting work plans	
Total scoreout of 50
Percentage	%



CO-OP Trainee Evaluation

- **Practical Training Evaluation** (filled by employee in charge of training)

Topic	Start Date	End Date	Employee in charge of Training	Department /Section	Score and Remarks Rating (1 = low; 5 = high)

Recommendation (if any):
