

Student Evaluation Form

Trainee Name:

Student ID No.:

Course:

Job Assignment:

Training Hours:

Company Name:

EvaluationCriteria

Criteria	Rating
<div>How are you</div>	
<div>are you my nigga?</div>	
<div>oh hell nahh</div>	
<div>fuck you</div>	

Comments:

what is your favorite food?