



Performance Evaluation Form
Industry Practicum Program

Name of Company

Name _____ Course/Year/Section_____

Division/Department Assigned _____

Field of Training Assigned_____

Inclusive dates of training: From _____ To _____

Total number of hours rendered _____

Criteria	Maximum Rating to be Given	Rating
1. Quality of work (thoroughness, accuracy, neatness, and effectiveness).	20	
2. Quantity of work (able to complete work in allotted time).	20	
3. Dependability, reliability, & resourcefulness (ability to work with minimum amount of supervision).	10	
4. Judgment (sound decisions ability to identify & evaluate pertinent factors).	10	
5. Cooperation (works well with everyone, good team worker).	10	
6. Attendance (regularity, & punctuality in attendance).	10	
7. Courtesy & good manners.	10	
8. Safety (awareness of safety practices)	10	
TOTAL RATING	100	

Additional observation/and or significant observations (use backspace if necessary).

Evaluated By:

Name and Signature

Designation

Date