

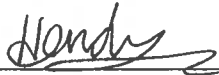
EVALUATION ON STUDENT PROGRESS

Provide a self-evaluation of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in the Training Plan for STEM OPT Students. Discuss accomplishments, successful projects, overall contributions, etc., during this review period. Address whether there are any modifications to the objectives and goals for projects, or new areas for skill and competency development.

Range of Evaluation Dates: From (mm-dd-yyyy): 05/26/2022 To (mm-dd-yyyy): 05/23/2023

I have become good at being an adaptive and flexible person. I learned new skills during my OPT such as root cause analysis, CAPA process, risk assessment, and medical device manufacturing which helped me to ensure product quality. I strive on completing tasks diligently and efficiently. I excel at developing tools for accomplishing my goals as expected or better. I am consistently a top performer on our team and always looking for ways to improve. The new goals will be to improve myself and learn new skills during my OPT that would help my role in the company. I will learn a deeper understanding on the manufacture, learn to do a document change, process improvement, and data analysis.

Signature of Student (Sign in ink):



Printed Name of Student: Hendry Widyanto

Date (mm-dd-yyyy): 05/23/2023

Signature of Employer Official with Signatory Authority (Sign in ink):



Printed Name of Employer Official with Signatory Authority: Chandra Bennett - Manager Quality Assurance

Date (mm-dd-yyyy): 05/23/2023

FINAL EVALUATION ON STUDENT PROGRESS

Provide a self-evaluation of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in the Training Plan for STEM OPT Students. Discuss accomplishments, successful projects, overall contributions, etc., during this review period. Address whether there are any modifications to the objectives and goals for projects, or new areas for skill and competency development.

Range of Evaluation Dates: From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____

Signature of Student (Sign in ink): _____

Printed Name of Student: _____

Date (mm-dd-yyyy): _____

Signature of Employer Official with Signatory Authority (Sign in ink): _____

Printed Name of Employer Official with Signatory Authority: _____

Date (mm-dd-yyyy): _____