**TRAINING SUPERVISOR FEEDBACK FORM**

Date of Monitoring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name of Training Supervisor  Mr. Alfren Cordova | Department  Development |
| Name of Company  NegosyoLab Ph. Business Development Services | Name of Student Trainee  Mon Cedric O. Avila |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The Student Trainee | **SA** | **A** | **N** | **D** |
| 1. Is punctual in attending work and assignments. |  |  |  |  |
| 1. Has sufficient knowledge to contribute to the organization. |  |  |  |  |
| 1. Knows how to work with a group. |  |  |  |  |
| 1. Performs tasks as prescribed in the Internship Training Plan. |  |  |  |  |
| 1. Follows and abides with the policies of the company. |  |  |  |  |
| 1. Maintains upright conduct while in the company. |  |  |  |  |
| 1. Shows desirable traits, virtues, work habits. |  |  |  |  |
| 1. Able to adhere with the specified Training Plan |  |  |  |  |

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| **Other comments and suggestions concerning Student’s Progress to Date:** |

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**Host Training Establishment Supervisor’s Student Trainee’s Signature**

**Signature**

***Legend:***

**SA** - Strongly Agree **A** - Agree **N** - Neither Agree nor Disagree **D**-Disagree