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**OVERALL PERFORMANCE EVALUATION FORM**

Bachelor of Science in Business Administration

*Financial Management*

**Name of Student: Aira Lyn R. Almonte HTE: GCCS and Associates Corp**

**Date Covered: From FEBRUARY 5 to MAY 31 Department: ADMIN/EXECUTIVE ASSISTANT**

To the Rater:

This form has been developed to monitor the performance of each practicum trainee only for grading purposes but also to provide basis for identifying his strengths & weaknesses:

Kindly rate the trainee in each of the traits indicated below by encircling the appropriate number that corresponds to your OBJECTIVE EVALUATION of his/her performance in your department using the scale provided.

5 – Outstanding (O)

4 – Very Satisfactory (VS) 3 – Satisfactory (S)

2 – Needs Improvement (NI) 1 – Unacceptable (U)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CRITERIA | O | VS | S | NI | U |
| A. **QUALITY OF WORK** |  |  |  |  |  |
| 1. Accuracy of completed work according to the operational standards |  |  |  |  |  |
| 2. Thoroughness & attention to detail in performing the assigned tasks. |  |  |  |  |  |
| 3. Neatness & presentation of work. |  |  |  |  |  |
| **B. PRODUCTIVITY** |  |  |  |  |  |
| 1. Effective use of time |  |  |  |  |  |
| 2. Task Accomplished |  |  |  |  |  |
| 3. Prompt completion of work assignments |  |  |  |  |  |
| 4. Useful or effective application of knowledge & skills |  |  |  |  |  |
| **C. WORK HABITS, TALENTS & SKILLS** |  |  |  |  |  |
| 1. Appropriate Attire |  |  |  |  |  |
| 2. Adherence to policies & procedures |  |  |  |  |  |
| 3. Attendance & punctuality |  |  |  |  |  |
| 4. Ability to communicate effectively to guest, supervisor & colleagues. |  |  |  |  |  |
| 5. Ability to think independently. |  |  |  |  |  |
| 6. Ability to remain calm & in control when presented with stressful situations. |  |  |  |  |  |
| 7. Demonstrates an interest & willingness to learn the task required to maintain operational standards. |  |  |  |  |  |
| **D. INTERPERSONAL WORK RELATIONSHIP** |  |  |  |  |  |
| 1. Demonstrates positive relationship with the establishments’ workers. |  |  |  |  |  |
| 2. Relates effectively with visitors in a friendly & courteous manner. |  |  |  |  |  |
| 3. Accepts suggestions, directions & constructive criticism from employees & supervisors. |  |  |  |  |  |
| 4. Cooperative team player. |  |  |  |  |  |

Comments, general impressions & observations regarding the capability, behaviour & personality of the trainee.

Evaluated by:

Position/ Designation

**ON-THE-JOB TRAINING DAILY LOGS**

|  |  |
| --- | --- |
| **Student Intern Name:** | Aira Lyn R. Almonte |
| **Course:** | Bachelor of Science in Business Administration |
| **Major:** | Financial Management |
| **Place of Assignment:** | ADMIN/EXECUTIVE ASSISTANT – GCCS AND ASSOCIATES CORP. |

**2ND Semester A.Y. 2023 – 2024**

**DAILY ACTIVITY LOGS FOR THE MONTH OF FEBRUARY 2024**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WEEK 1** | | | | | | |
| **Day 1** | **Hours Completed:** | | **Remaining Hours:** | | | **Date: Feb 05, 2024** |
| **Official Hours** | **8:00am - 12:00nn** | | **01:00pm - 05:00pm** | |
| **Overtime** | **5:01pm - 06:00pm** | | | |
| **Activities** | | | | | **Remarks** |
|  | | | | |  |
| **Day 2** | **Hours Completed:** | | **Remaining Hours:** | | | **Date: Feb 05, 2024** |
| **Official Hours** | **8:00am - 12:00nn** | | **01:00pm - 05:00pm** | |
| **Overtime** | **5:01pm - 06:00pm** | | | |
| **Activities** | | | | | **Remarks** |
|  | | | | |  |
| **Day 3** | **Hours Completed:** | | **Remaining Hours:** | | | **Date: Feb 05, 2024** |
| **Official Hours** | **8:00am - 12:00nn** | | **01:00pm - 05:00pm** | |
| **Overtime** | **5:01pm - 06:00pm** | | | |
| **Activities** | | | | | **Remarks** |
|  | | | | |  |
| **Day 4** | **Hours Completed:** | | **Remaining Hours:** | | | **Date: Feb 05, 2024** |
| **Official Hours** | **8:00am - 12:00nn** | | **01:00pm - 05:00pm** | |
| **Overtime** | **5:01pm - 06:00pm** | | | |
| **Activities** | | | | | **Remarks** |
|  | | | | |  |
| **Day 5** | **Hours Completed:** | | **Remaining Hours:** | | | **Date: Feb 05, 2024** |
| **Official Hours** | **8:00am - 12:00nn** | | **01:00pm - 05:00pm** | |
| **Overtime** | **5:01pm - 06:00pm** | | | |
| **Activities** | | | | | **Remarks** |
|  | | | | |  |
|  | | | | | **SIGNATURE OVER PRINTED NAME**  **DESIGNATION/POSITION** | |

**DAILY TIME/RECORD**

**LOG BOOK**

***(INSERT PICTURE/DOCUMENTATION HERE)***

**p.s there must be a signature of your supervisor in your dtr.**

**MONTHLY PERFORMANCE REPORT**

**Name:**

**Host Training Establishment:**

**Department Assigned:**

**Inclusive Date:**

**Instruction: Using the form below, indicate your specific assigned task in the department, your observed strengths & weaknesses, problems encountered & learning experiences.**

|  |  |
| --- | --- |
| **In this department, I am assigned**  **to do the following tasks:** |  |
| **Problems encountered (if any)** |  |
| **Learning Experience/s** |  |

**MONTHLY DOCUMENTATION**

***(INSERT PICTURE/DOCUMENTATION HERE)***

***p.s you can attach picture here from Feb-May, minimum of 6 picture attachment per month with description per picture***