

Student Evaluation Form

Trainee Name:

Student ID No.:

Course:

Job Assignment:





Training Hours:

Company Name:

EvaluationCriteria

Enter new criteria

Add

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

Comments: