

**University of Bahrain**

**College of Information Technology**

**Training Establishment Assessment Form**

***To be filled by the student***

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| Student Name : **Ali Mohamed Ali Hassan AbdAli** |
| Student ID: **202105103** |
| Course Code: ITCS 481 ITCS 482 ITAD 299 |
| Name of Training Establishment: Intern at Global iTS |
| Period of Training From: **15-6-2025** To: **14-8-2025** |
| Supervisor Name: **Ali Redha** |
| Supervisor Title : **Software Developer** Phone #: **+97332021883** |

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| Based upon your experience, please rate you training establishment according to the following criteria  Rating Scheme: 1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree |

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| **No.** | **Criteria of Training Establishment Assessment** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| 1 | Before starting the training program, I have been informed by the prepared training program by the establishment |  |  |  |  |
| 2 | The prepared training program is highly related to my specialty area. |  |  |  |  |
| 3 | I have received the full required guidance and support for the training at the establishment. |  |  |  |  |
| 4 | The prepared training program supports teamwork |  |  |  |  |

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| Signature of Student: | Date: **28-7-2025** |