



International Student Exchange

119 Cooper Street - Babylon, NY 11702

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ISE Training Program Midterm Evaluation

Trainee's Name: _____

Evaluator's Name: _____

Company Name: _____

Please rate the applicant on a 1 to 10 scale, with 1 being the lowest and 10 being the highest, in the following areas. Please circle one number

1) Attendance

1 2 3 4 5 6 7 8 9 10

2) Completed Assigned Tasks on Time

1 2 3 4 5 6 7 8 9 10

3) Productivity and Competence

1 2 3 4 5 6 7 8 9 10

4) Mastered Required Competencies

1 2 3 4 5 6 7 8 9 10

5) Would Recommend

1 2 3 4 5 6 7 8 9 10

Comments you have about the trainee

Participant's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____