



ISE Management Training Program Summative Evaluation

(to be completed by the end of the training program)

Trainee's Name _____

Evaluator's Name _____

Company Name _____

Date _____

Please rate the trainee in the following categories with 1 being the lowest and 10 being the highest.

1. Attendance

1 2 3 4 5 6 7 8 9 10

2. Work Ethic

1 2 3 4 5 6 7 8 9 10

3. Positive Attitude

1 2 3 4 5 6 7 8 9 10

4. Willingness to Listen to Suggestions

1 2 3 4 5 6 7 8 9 10

5. Mastered Required Competencies

1 2 3 4 5 6 7 8 9 10



International Student Exchange

119 Cooper Street - Babylon, NY 11702

Phone: 631-893-4540

800-766-4656

Fax: 631-893-4550

Please list major skills the trainee has attained and rate each skill as to the level of required competency with 1 being the lowest and 10 being the highest.

1. _____

1 2 3 4 5 6 7 8 9 10

2. _____

1 2 3 4 5 6 7 8 9 10

3. _____

1 2 3 4 5 6 7 8 9 10

4. _____

1 2 3 4 5 6 7 8 9 10

5. _____

1 2 3 4 5 6 7 8 9 10

List any major recommendations to the trainee for improvement in attaining skills.

Would you recommend this trainee for further employment?

Participant's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____