



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**

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Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_