



STUDENT'S EVALUATION
Confidential

Student's Name:	Student's ID:
Major:	Starting Date of Training:
Brief Description of the Training:	

Please rate the student for the following items on a scale from 0 to 10 score:

SCORE

Enthusiasm and interest in work		
Attitude towards delivering accurate work		
Quality of work output		
Initiative in taking tasks to complete		
Dependability and reliability		
Ability to learn and search for information		
Judgment and decision making		
Maintaining effective relations with co-workers		
Ability of reporting and presenting his work		
Attendance		
TOTAL		

Overall rating for the student's performance

التقييم العام لأداء الطالب

Excellent 100-90	V. Good 89-80	Good 79-70	Marginal 69-60	Poor 59 Below
------------------	---------------	------------	----------------	---------------

Comments if any:

Supervisor's Name:

Signature:

Company Name:

Date:

Position:

Company Stamp

Phone:

Fax:

Email:

Please Complete this form and send it to:

لرجاء إرسال هذا النموذج نعد تعبئته الى العنوان التالي

Vocational Training Coordinator

KFUPM
PO Box 5084
Dhahran 31261

Phone: 03-868-3300 Ext 887
Fax: 03-868-0744
Email: samaziz@dcc.kfupm.edu.sa