



Supervisor Evaluation Form

Student's Name:

Supervisor's Name:

Begin of training:

Hours of practical training:

Scientific Area:

Subject:

The answers to the questions below are confidential information. The numerical scale used to answer is between ONE and FIVE (1 – poor, 2 – fair, 3 – good, 4 – very good, 5- excellent).

1 2 3 4 5

01. ASSIDUITY

02. ANITIATIVE, MOTIVATION & INNOVATION ABILITY

03. RELATIONSHIP WITH COLLEAGUES & CLIENTS

04. WORK QUANTITY & QUALITY

05. LEARNING OF NEW INFORMATION / CONCEPTS

06. ACCOMPLISHMENT OF TRAINING PROGAM

07. COMMENTS (optional):

Proposal for practical training evaluation (0-20)

Date

The Supervisor, _____