



AN ISO 9001:2000 CERTIFIED

FAIRFIELD

Institute of Management & Technology
Under the Management of 'The Fairfield Foundation'

TRAINEE'S EVALUATION FORM

Trainee's Name _____

FIMT ID _____

Date _____

Number of hour's Trainee has completed to date

Please evaluate the intern on the listed qualities, and any other that you may deem appropriate. Please input into the Assessment box a grade using the following key:

Very Good (V.G), Good (G), Average (A), Poor (P), Not Applicable (NA)

QUALITIES	ASSESSMENT	COMMENTS (IF ANY)
Trainee's attendance record		
Professionalism/ Trainee's conduct		
Willingness to perform assigned work		
Willingness to follow instructions		
Ability to meet set deadlines		
Quality of Trainee's work		
Ability to work in a team environment		
Ability to work independently		

Ability to offer new and innovative ideas		
Analytical thinking capabilities		
Overall performance of the Trainee		

Please give any comments here

NAME OF SUPERVISOR _____

TITLE _____

NAME OF ORGANISATION _____

DATE _____

SIGNATURE OF SUPERVISOR _____

(PLACE COMPANY STAMP OR SEAL HERE)

THANK YOU FOR THE EVALUATION OF THE TRAINEE AND THE OPPORTUNITY ACCORDED THEM.