

TRANSCRIPT OF WORKS/EMPLOYER EVALUATION FORM

ACADEMIC YEAR – SUBJECT AREA:

NAME OF SENDING(HOME) INSTITUTION: Mail address: Town: Country: Faculty/Department of Supervisor: Tel.: Fax: e-mail:					
NAME OF TRAINEE: Family Name.....First name Date and place of birth: (sex) :M/F..... Start date of training: Final date of training: Duration: months					
NAME OF RECEIVING (HOST) INSTITUTION- ENTERPRISE: Mail address:TownCountry Department of MENTOR: Family Name.....First name Tel.: Fax: e-mail:					
Duration of placement period: months start date final date					
Quantitative evaluation of trainee – according to the criteria set below, using (1 fail - 5 excellent) scale					
Analytic skills	1	2	3	4	5
Ability to work in intensive and dynamic environment	1	2	3	4	5
Overcoming difficult situations	1	2	3	4	5
Operation with information sources, materials and documents	1	2	3	4	5
Teamwork	1	2	3	4	5
Positive attitude towards work	1	2	3	4	5
Taking responsibility	1	2	3	4	5
Ability to work quickly and efficiently	1	2	3	4	5
Understanding/Management of situations	1	2	3	4	5
Initativeness	1	2	3	4	5
Communication skills	1	2	3	4	5
Self confidence	1	2	3	4	5
Loyalty and confidentiality	1	2	3	4	5
AVERAGE SCORE OF ACHIEVED RESULTS:	1	2	3	4	5
Qualitative assessment – Questions & Answers:					
1. Did the trainee follow the advices for improving the performance of his/her work?					
2. Did the trainee perform properly his/her work?					

3. Did the trainee adhere to the working hours and did he/she follow the internal enterprise regulations?
4. Did the trainee make any progress in his/her work?
5. Would you hire the trainee for regular job?
6. Would you hire some other students from (sending HEI)?
7. Recommendations for better performance:
8. Other comments:
Conclusion:
The trainee <input type="checkbox"/> has achieved / <input type="checkbox"/> has not achieved the planned training results

Mentor's signature: _____

Date _____