



وزارة التعليم
Ministry of Education
043

جامعة الإمام عبد الرحمن بن فيصل
IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY

المملكة العربية السعودية
Kingdom of Saudi Arabia

كلية الدراسات التطبيقية وخدمة المجتمع | College of Applied Studies and Community Service

FM-ACD0802-10 (E) Rev.1

Trainee's Evaluation Form

Trainee's Name:	Name of the Institute:
Department:	Immediate Supervisor:
Start Date of Training:	Date of Completion:

	Assessment items	Assessment mark	Deserved mark	Remarks
Performance	Attendance and punctuality	3		
	Adherence to work regulations	2		
	Work under pressure	2		
	Initiative	2		
	Work within a team	2		
	Complete work accurately on time	2		
	Work Quality	2		
Personal Characteristics	Ability to take responsibility	2		
	General appearance	2		
	Accept instructions and guidance	2		
	Ability to communicate and express opinion	2		
Interpersonal Relations With	Supervisors and colleagues	2		
Total		25		

Confidential to the Training Institute. Please send it to the Academic supervisor in a sealed envelope.

Tel. 013 333 2184 ت. 013 333 2184 as@iau.edu.sa www.iau.edu.sa

الرقم: _____
التاريخ: ____/____/____
المشروعات: _____



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Trainee's Strength Areas
Areas To Be Improved
Other Remarks

Thank You For Your Cooperation

Immediate Supervisor

Stamp

Institute Manager

.....

.....

Signature

Signature

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