



**Summer Training Evaluation Form (Confidential)**

Students' Name:		University ID No.:		
Department:		Specialization:		
Name of Establishment/Company Offering Training:				
Address:				
Field of Specialization:				
Department:				
Training Period: From:		To:		
No. of Training Weeks:				
Summary of Student's Training Program:				
Student's Performance Evaluation		Good	Average	Poor
Behavior	Attendance			
	Compliance with instructions			
	Cooperation			
Capabilities	Understanding			
	Execution of Responsibilities			
	Teams Work			
	Independent Work			
	Creativity			
	Academic Background			
General Evaluation During the Training Period				
Overall Performance of the Student:				
(Please add more sheets, if needed)				
Supervising Staff During Training		Signature:		
Name:		Official Stamp		
Position:				
Date:				
Please sent this form after filling to : Dr. Deputy Dean College of Engineering King Saud University P.O. Box 800 Riyadh 11421				