FINAL EVALUATION FORM

Period Covered by Evaluation: From: / / 20____ to / / 20____

Student Name: ________________________  Student ID: ________________________
Academic Department: ________________________
Company Name: ________________________  Name of Work Supervisor: ________________________
Supervisor Office Telephone No.: ________________________  Mobile: ________________________
Supervisor Email: ________________________

This form is to be completed by the site supervisor during the LAST week of the training period with the employer. The results should be returned to the faculty advisor for review. The evaluation is used to determine the overall performance and development of the student since the start of his Co-op training.

Section 1: Student’s General Performance

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marks</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Excellent</td>
<td>1.00</td>
<td>Above Average</td>
<td>0.75</td>
<td>Average</td>
<td>0.50</td>
</tr>
<tr>
<td>Below Average</td>
<td>0.25</td>
<td>Unsatisfactory</td>
<td>0.0</td>
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A. Professional Behavior:
1- Professional appearance (e.g., neatness, appropriate dress)
2- Seeks responsibility
3- Demonstrates initiative
4- Dependability (e.g., punctual, carries work through to completion)
5- Accepts direction and constructive criticism
6- Ability to work independently
7- Motivation (e.g., enthusiasm, attitude towards duties)
8- Resourcefulness (e.g., use of resources, varied approaches/ideas)
9- Offers opinions and suggestions

B. Professional Relations:
10- Rapport with staff (e.g., co-workers, volunteers)
11- Interaction with public (i.e., clients, participants, patients)
12- Understands needs of clients
13- Ability to plan for client's needs
14- Adaptable (e.g., adjusts plans/actions according to situation)

C. Professional Performance:
   15- Planning and organizing work schedule (e.g., time management)
   16- Judgment (e.g., common sense, problem solving skills)
   17- Task accomplishment
   18- Oral communication
   19- Written communication
   20- Evaluation, self improvement
   21- Leadership ability
   22- Quantity of work
   23- Quality of work

D. Professional Knowledge:
   24- Understanding of Employer’s goals and operations
   25- Knowledge of field

Overall Rating of Student’s Performance by Site Supervisor:

<table>
<thead>
<tr>
<th>Section 2: Written Evaluation of Student’s Performance: please comment on student’s performance in the following areas.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Knowledge (e.g., required, current knowledge and skills)</td>
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<tr>
<td>2. Leadership (e.g. takes on leadership and roll instills confidence in others, organization, group spirit and cooperation, maintains an attitude of objectivity and fairness, communication)</td>
</tr>
<tr>
<td>3. Public Relations (e.g., with supervisors, co-workers and public: courtesy, insight, respect, tact)</td>
</tr>
<tr>
<td>4. What is your assessment of the Student’s ‘Special Project (if any)? How will this project be used by your organization?</td>
</tr>
</tbody>
</table>

Name of Site Supervisor: ___________________________ Telephone/mobile No: ___________________________

Signature: ___________________________ Date: ___/___/20___

Official Seal

Please send this form after completion to: Coordinator Cooperative Training Committee, Faculty of Computer Sciences and Information Systems, Jazan University, P.O. box 4425, Jazan 82822-6694, Saudi Arabia and by E-mail: COOPtraining@jazanu.edu.sa. Thank you

Name of Faculty Advisor: ___________________________

Signature: ___________________________ Date: ____/____/20____

Page 2 of 2