**SZABIST UNIVERSITY**

**APPRENTICE EVALUATION FORM**

*The (SME/Startup) representative is required to fill out the following information* and *attach a visiting card with the company stamp on the form and return back to the Institute.*

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NTN #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Apprentice Name**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apprenticeship: 1  2**

**Apprenticeship Start date**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apprenticeship End Date**: **\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Apprenticeship Duration**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mentor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Apprenticeship at**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please grade the following on a scale of 1-10 (1 being the lowest and 10 being the highest):

|  |  |
| --- | --- |
| **Evaluation Criteria after Completing the Apprenticeship** | **Score** |
| 1. Punctuality |  |
| 2. Commitment and Drive |  |
| 3. Generation of New Ideas |  |
| 4. Analytical Skills Applied |  |
| 5. Knowledge Acquired |  |
| 6. Market Research Skills |  |
| 7. Project Planning |  |
| 8. Teamwork & Conflict Resolutions |  |
| 9. Problem Solving Skills |  |
| 10. IT and any other Technical Skills |  |

**Other Comments, if any:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Are you overall satisfied with the apprentice? Yes No**

**Evaluated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**