

**UNIVERSITY OF BASKENT  
FACULTY OF ENGINEERING  
MECHANICAL ENGINEERING DEPARTMENT**

**Summer Practice Evaluation Form (MAK 300/400)**

**Name of Trainee** : .....

**Student ID Number** : .....

**Department** : .....

**# of Years in the Dept** : .....

**Permanent Address** : .....  
.....  
.....

**Phone Number** : .....

**e-mail** : .....

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***This Section Will Be Filled-up by the Establishment***

**Name of the Establishment** : .....

**Address** : .....  
.....  
.....

**Phone / Fax Number** :   **Phone** : .....   **Fax:**.....

**Web Address of the Establishment** : .....

**Authorized Record Keeper of Trainee** : .....

**e-mail Address of the Record Keeper** : .....

**Starting Date** : ...../...../.....   **Completion Date:** ...../...../.....

## 1. Evaluation

	<i>Perfect</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Poor</i>
<i>Self confidence</i>				
<i>Initiativity</i>				
<i>Interest, work attitude</i>				
<i>Creativity</i>				
<i>Communication with superiors</i>				
<i>Communication with colleagues</i>				
<i>Punctuality</i>				
<i>Responsibility</i>				
<i>Fulfilling the duties</i>				
<i>Overall Evaluation</i>				

2. Please state your comments and suggestions on the progress of the trainee.

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3. Would you consider employing this trainee again?

Yes

No

☐☐

4. Would you consider employing trainee from our university next year? Yes

No

☐☐

*Evaluator*

*Name, Surname :*

*Signature*

*Title :*

*Date:*

*e-mail:*