

T.R.
AĞRI İBRAHİM ÇEÇEN UNIVERSITY
SCHOOL OF TOURISM AND HOTEL MANAGEMENT
WORKPLACE TRAINEE EVALUATION FORM

This form must be filled in by the workplace trainer and approved by the institution official. The form should be placed in the envelope along with the approved Internship Attendance Sheet and given to the student, with the envelope sealed with signed and stamped.

THE TRAINEE'S:

| | | | |
|-----------------------------|---------------------|--|--|
| Name & Surname | | | |
| School Number | | | |
| Internship Start Date | Internship End Date | | |
| Total Internship Workday | | | |
| Department of Internship(s) | | | |

WORKPLACE:

| | | | |
|------------------|------------------|----------------|--|
| Name | | | |
| TRAINER'S | MANAGER'S | | |
| Name & Surname | | Name & Surname | |
| Title | | Title | |
| e-mail | | e-mail | |
| Sign & Stamp | | Sign & Stamp | |

EVALUATION *(To be filled in by the workplace trainer)*

| | (5) Excellent | (4) Good | (3) Average | (2) Poor | (1) Very Poor |
|---|---------------|----------|-------------|----------|---------------|
| Work discipline | | | | | |
| Compliance in the workplace | | | | | |
| Problem-solving skills | | | | | |
| Teamwork predisposition | | | | | |
| Self-care skills | | | | | |
| Compliance with the rules of hygiene at work | | | | | |
| Written and verbal communication skills | | | | | |
| Professional and ethical responsibility awareness | | | | | |
| Attitude towards guests | | | | | |
| Independent decision making | | | | | |
| Attitude towards colleagues | | | | | |
| I would like to work together again | | | | | |
| If any, want to add: | | | | | |