**FACULTY OF ENGINEERING WORKPLACE EDUCATION / APPLICATION / EXPERIENCE COURSE END OF SEMESTER HER EVALUATION REPORT**

**(HIDDEN)**

Dear Official,

Please indicate the level reached by this student in the knowledge and skill groups written in the table below, according to your observations, opinions or determinations, when he/she completes the workplace program in your institution.

**STUDENT INFORMATION**

Name and Surname :

Student Number :

Department :

Year :

Academic Term :

(Fall / Spring)

Telefon No :

**INFORMATION OF THE RESPONSIBLE OF THE WORKPLACE MAKING THE ASSESSMENT**

Name and Surname :

Title :

Department/Mission:

Telephone No :

|  |  |
| --- | --- |
| **THE STUDENT** | **THE EVALUATION PROCESS** |
| Ability to use engineering techniques and perform tasks accurately |  |
| Entrepreneurial power and willingness to work efficiently |  |
| Ability to use machinery, equipment and tools |  |
| Demonstrate time management skills and adequate working speed |  |
| Ability to use materials appropriately and sparingly |  |
| Behavior about attendance and workplace responsibility |  |
| Ability to be aware of and comply with occupational safety rules |  |
| Behavior attitude compatible with the workplace environment and employees |  |
| Continuation status of the Workplace Training application |  |
| Other……………………………………………………………………….. |  |
| **AVERAGE** |  |

**\*Evaluations are made out of 100 full points.**

**FACULTY OF ENGINEERING WORKPLACE EDUCATION / APPLICATION / EXPERIENCE COURSE END OF SEMESTER HER EVALUATION REPORT**

**(HIDDEN)**

|  |  |  |
| --- | --- | --- |
| **EXAMINATION** | **EVALUATION AND OPINIONS** | **NOTE** |
| **EMPLOYER**  **Name and surname:**  **Date and Signature:** |  |  |
| **ADVISORY ACADEMIC MEMBER**  **Name and surname:**  **Date and Signature:** |  |  |
| **FINAL NOTE:**  **(The end of term grade is calculated by taking 40% of the employer's grade and 60% of the advisor's grade.)** | |  |