**ÖĞRENCİ DEĞERLENDİRME FORMU**

### **STUDENT EVALUATION FORM**

**Stajyerin Adı Soyadı:**

*Name of trainee*

**ÖğrenciNumarası:**

*Student Number*

**ÖğrenimYılı:**

*Academic Year*

**AkademikDanışman:**

*Academic Advisor*

**ÖğrencininSürekliAdresi:**

*Permanent Address*

**Telefon Number:**

*Telephone Number*

**Firmanın Adı:**

*Name of thefirm*

**Adres:**

*Address*

**Telefon/FaxNumarası:**

*Phone/Fax Number*

**GenelMüdürünAdı:**

*Name of General Manager*

**YetkilininAdı:**

*Name of officer*

**BaşlamaTarihi:**…./…./20**AyrıldığıTarih**: .../.../20

# *Starting Date* *Completion date*

**1. DAVRANIŞ DEĞERLENDİRME VE DIŞ GÖRÜNÜŞ:**

*Evaluation of General Attitude and Appearance*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Çokiyi** | **iyi** | **Yeterli** | **Zayıf** |
|  |  | *Outstanding* | *Good* | *Statisfactory* | *Poor* |
| **Kendinegüven** | *Self Confidence* |  |  |  |  |
| **İnsiyatif** | *Initiativity* |  |  |  |  |
| **İşekarşıilgi-Özveri** | *Interest, Attitude to work* |  |  |  |  |
| **Yaratıcılık** | *Creativity* |  |  |  |  |
| **LiderlikVasıfları** | *Leadership ability* |  |  |  |  |
| **Giyim-Kuşam (temizlik)** | *Cleanliness* |  |  |  |  |

**2. İLETİŞİM KABİLİYETLERİ**

*Communication Abilities*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Çokiyi** | **iyi** | **Yeterli** | **Zayıf** |
|  |  | *Outstanding* | *Good* | *Statisfactory* | *Poor* |
| **Üstüileiletişim** | *Communication. with superiors* |  |  |  |  |
| **İşarkadaşlarıileiletişim** | *Comm. With Colleagues* |  |  |  |  |
| **Konukvemüşteriyleiletişim** | *Communication with others* |  |  |  |  |
| **Dinlemebecerisi** | *Listening Skills* |  |  |  |  |
| **Konuşmabecerisi** | *Speaking Skills* |  |  |  |  |
| **Yazıyazmabecerisi** | *Writing Skills* |  |  |  |  |

**3. İŞ PERFORMANSI**

*Job Performance*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Çokiyi** | **iyi** | **Yeterli** | **Zayıf** |
|  |  | *Outstanding* | *Good* | *Statisfactory* | *Poor* |
| **İşedevamdatitizlik** | *Punctuality* |  |  |  |  |
| **İşlemleribilme** | *Awaren. of procedures* |  |  |  |  |
| **Büromakinelerinikullanma** | *Use of office supplies* |  |  |  |  |
| **Sorumluluk Kabul etme** | *Taking responsibilities* |  |  |  |  |
| **Göreviniyerinegetirme** | *Fulfilling the duties* |  |  |  |  |
| **Kaynaklarıetkinkullanma** | *Effect. use of resources* |  |  |  |  |
| **Ofisteçhizatı** | *(such as office supplies, equipments, utensils)* |  |  |  |  |

*DiğerDüşünceler / Other Comments*

|  |
| --- |
|  |

**4. GENEL DEĞERLENDİRME**

*General Evaluation*

|  |  |
| --- | --- |
| **Çokiyi***/ Outstanding* |  |
| **İyi***/ Good* |  |
| **Yeterli***/ Satisfactory* |  |
| **Zayıf***/ Poor* |  |

**Lütfeneleştirilerinizivestajyeröğrenciningelişimiileilgilitavsiyeleriniziyazınız.**

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

|  |
| --- |
|  |

**5. BU STAJYERİ TEKRAR ÇALIŞTIRMAYI DÜŞÜNÜRMÜSÜNÜZ?**

*Would you consider employing this trainee again?*

*Yes* / Evet

*No* / Hayır

**6. GELECEK YIL ÜNİVERSİTEMİZDEN BAŞKA STAJYER ÖĞRENCİLER DE ÇALIŞTIRMAK İSTERMİSİNİZ?**

*Would you consider employing another trainee from our university next year?*

*Yes* / Evet

*No* / Hayır

**AdıSoyadı:**

*Name*

**Ünvanı**:

*Job Title*

**İmzaveMühür:**

*Signature and Seal*

**Tarih:** 00/00/20..

*Date*

**7. WORK DONE [To be filled by the Student, and approved by the Department Directors]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day** | **Date** | **Department** | **Brief Description of Training in the Department** | **Name and Job Title of**  **The Department Officer** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

**Student's Name and Surname**  **Manager’s Name and Surname**

**Student’s Signature Manager’s Signature and Stamp/Seal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day** | **Date** | **Department** | **Brief Description of Training in the Department** | **Name and Job Title of**  **The Department Officer** |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |

**Student's Name and Surname**  **Manager’s Name and Surname**

**Student’s Signature Manager’s Signature and Stamp/Seal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day** | **Date** | **Department** | **Brief Description of Training in the Department** | **Name and Job Title of**  **The Department Officer** |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |

**Student's Name and Surname**  **Manager’s Name and Surname**

**Student’s Signature Manager’s Signature and Stamp/Seal**