

Assessment form

Mentor – Student

DETAILS EMPLOYEE	
Name employee	
Employee number	
Name supervisor	
Date meeting	- -

Mark the boxes below according to how you have experienced different aspects during the time that you worked for us:

Insufficient	Mediocre	Sufficient	Good	Excellent
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WORK PERFORMANCES					
Quality of work					
Quantity of work					
Professional knowledge					
Insights into the work					
Productivity					
What are you very satisfied with and with what not?					

Mark the boxes below according to how you have experienced different aspects during the time that you worked for us:

	Insufficient	Mediocre	Sufficient	Good	Excellent
WORKING BEHAVIOUR					
Effort					
Work speed					
Customer focus					
Collaboration with colleagues					
Interaction with supervisor					
Planning					
Supervisor					

Mark the boxes below according to how you have experienced different aspects during the time that you worked for us:

	Insufficient	Mediocre	Sufficient	Good	Excellent
PERSONAL CHARACTERISTICS					
Flexibility					
Stress resistance					
Independency					
Accuracy					
Tenacity					
Initiative					
Discipline					
FINAL JUDGEMENT					

COMMENTS					

Thus discussed and initialled on each page.

	EMPLOYER	EMPLOYEE
Name		
Function		
Date	- -	- -
Signature		