

# INTERN/FELLOW

## Trainee Self-Evaluation Report

U.S. Department of Housing  
and Urban Development  
Office of Community Planning and Development

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Name (First, Last)

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Position Title, Series and Grade

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Office Name and Location

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Reporting Period

From: \_\_\_\_\_ To: \_\_\_\_\_

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List assignment(s), project(s), or rotation(s) undertaken this reporting period, including dates:

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1. Did the training program accomplish its objectives, as they were stated to you? Explain:

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2. Please describe briefly all classroom training, correspondence courses, seminars, or special meetings which you have attended during this period. For formal training, indicate the number of training hours.

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3. Did the assignments increase your technical knowledge? Explain:

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4. In what areas do you need further training and why?

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5. Comments

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Signature

Date