



INDUSTRIAL TRAINING FUND

SIWES SUPERVISION ASSESSMENT FORM

To be Completed by Student

- 1) (a) Name in Full:.....
(b) Registration/Matriculation No.:.....
(c) Course of Study:.....
(d) Year of Study:.....
(e) Name of Institution:.....
- 2) (a) Name & Address of the Establishment of Attachment.....
(b) Department/Section:.....
(c) Period of attachment: From:..... To:.....
- 3) (a) Is the place of Attachment Relevant to your course of study
 Yes No
(b) If Yes state reason:.....
(c) If No advice on possible alternative:.....
- 4) Total number of weeks spent so far:.....
- 5) (a) Have you been visited by your Institution- based Supervisor
 Yes No
(b) If Yes give Name of the Institution Based Supervisor:.....

Signature of student:..... **Date:**.....

To be completed by the Industry Based Supervisor

- 6) (a) Please assess the student's overall Performance by ticking the appropriate box as provided.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Very Good Good Satisfactory Poor

(b) Are jobs assigned for the student relevant to his/her course of study?.....

(c) Name of reporting Officer:.....

Designation/Rank:.....

Signature/Stamp:.....Date:.....

7. Comment of ITF Supervisor:.....

8. Signature:.....Date:.....