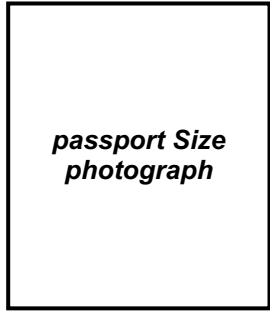


INDUSTRIAL TRAINING COORDINATING CENTRE UNIVERSITY OF IBADAN, IBADAN



SIWES EMPLOYER'S EVALUATION FORM (IT-UI-020)

****(To be completed by the employer and returned under confidential cover through the student)*

1. NAME OF STUDENT:..... MATRIC NO.....
2. DEPARTMENT..... LEVEL..... SESSION.....
3. NAME OF COMPANY:.....
4. ADDRESS:.....
5. DATE OF COMMENCEMENT OF ATTACHMENT:.....
6. DATE OF COMPLETION OF ATTACHMENT:.....

Please assess the student as follows:

GRADING CRITERIA	EXCELLENT	V.GOOD	GOOD	V.FAIR	FAIR	V.POOR	POOR
ATTENDANCE							
PUNCTUALITY							
COMPORTMENT							
WILLINGNESS TO TAKE CORRECTIONS							
INTER-PERSONAL RELATIONSHIP WITH WORKMATES							
CREATIVITY & INNOVATION							
CAREFULNESS IN HANDLING OF EQUIPMENT							
APPLICATION OF PRACTICAL SKILL							
RELIABILITY							
INQUISITIVENESS							

***Nos. 1-6 should be completed before the form is handed over to the industrial Supervisor who will assess the student.

Grading: Please mark the student among the Students' performance you have known.

What exact overall mark will you give the student on a scale of 1 - 10?

ADDITIONAL COMMENTS: Including those on student's written work report and the logbook.

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NEXT TRAINING PROGRAMME: How many students would you like to take during the next industrial training period?

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Industrial Supervisor's Name & Designation

.....
Signature and Date

.....
Official Stamp