**INDUSTRIAL BASED SUPERVISOR’S ASSESSMENT OF STUDENT**

**This** form is to completed by the Industrial Based Supervisor

1. Name of Student: …………………………………………………………………………………………………………………………………
2. Period of Training: ………………………………………………………………………………………….……………………………………
3. Nature of Student’s Training: ………………………………………………………………………………………………………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | EMPLOYER’S EVALUATION | TOTAL GRADE | MARK SCORED | REMARK |
| 1. | Attendance | 10 |  |  |
| 2. | Punctuality | 10 |  |  |
| 3. | Interpersonal Relationship | 10 |  |  |
| 4. | Attitude to work/level of participation | 30 |  |  |
| 5. | Application of theoretical knowledge | 30 |  |  |
| 6. | Level of compliance with rules & regulations | 10 |  |  |
| **TOTAL MARK** | 100% |  |  |
| **TO BE CONVERTED TO** | 20% |  |  |

Please score student honestly as shown below. The student should not be graded above the maximum grade

1. Give your impression of the student’s involvement in training: …………………………………………………………………….
2. Short Assessment of the student: …………………………………………………………………………………………………………………
3. Name of Company: ……………………………………………………………………………………………………………………………………….
4. Full address of the Company: ………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………………………………………….

8. Company’s Major product/Service: ……………………………………………………………………………………………………………….

9. Name of Industrial Based Supervisor: …………………………………………………………………………………………………………….

10. Phone Number of Industrial Based Supervisor: ……………………………………………………………………………………………..

11. Training officer’s Signature with Company stamp: …………………………………… Date: ..…………………………………….

Name of University Supervisor: ………………………………………………………………………………………………………………………………..

Signature of University supervisor: ……………………………………………………………… Date: ………………………………………………

**FOR SIWES OFFICIAL USE ONLY**

Date of Visit by University Supervisor: ………………………………………………………………………………………………………………………

Date form was received back at SIWES unit: …………………………………………………………………………………………………………….

Name of Officer who received form: …………………………………………………………………………………………………………………………

Monitored by: …………………………………………………………………………………………………………………………………………………………..