

MULTIMEDIA



UNIVERSITY

Faculty of Management

Industrial Training Programme

Company Evaluation Form (Confidential)

Student Name: _____

Company Name : _____

Address : _____

Training Period

Start Date: _____ Completion Date: _____
Date/Month/Year Date/Month/Year

To the Supervisor/Manager:

Kindly complete the following sections and finalise student's total points (out of 40):

1. Student Assessment: 8 Appraisal Qualities.
2. General Comments on the Industrial Training Programme.

Please be informed that this evaluation form is strictly CONFIDENTIAL. Once you have completed the form, you can choose any of the following options to return it at your convenience:

1. Fax it to our fax number at 03-83125590.
2. Pass it to the academic supervisor during the site visit.
3. In a sealed envelope with company stamp and signature.

APPRAISAL QUALITIES GUIDELINE

1. Unacceptable : Completely failed to meet performance requirements
2. Below Average : Partially met minimum performance requirements
3. Average : Met minimum performance requirements
4. Good : Balanced and consistent high performance in achieving work targets
5. Excellent : Notable achievements beyond normal expectations

1. ASSESSMENT OF STUDENT	REMARKS
TECHNICAL & LEARNING SKILLS (e.g. Ability to develop/acquire necessary skills to perform specified activities) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
PLANNING AND ORGANISING (e.g. Using time & resources effectively; setting priorities and planning for contingencies) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
PROFESSIONALISM (e.g. Possess maturity & confidence in working relationships; appearance & manners) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
COMMUNICATION SKILLS (e.g. Verbal and written communication; asking questions; effective presentation) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
MOTIVATION & COMMITMENT (e.g. Aiming for perfection; devoting time necessary to meet challenging goals) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
RESPONSIVENESS & FLEXIBILITY (e.g. Adapting well to changing circumstances and taking interest in new opportunities) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
ANALYSIS & JUDGEMENT (e.g. Identifying inter-relationships from a wide perspective & finding practical solutions to problems) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Supervisor Name : _____

Designation : _____

Contact Number : _____

Email address : _____

Signature : _____

Date : _____

Department/Company Stamp : _____