



CRAWFORD UNIVERSITY FAITH-CITY, IGBESA, OGUN STATE

OFFICE OF INDUSTRIAL LINKAGE AND TRAINING UNIT DIRECTORATE OF STUDENT INDUSTRIAL WORK EXPERIENCE SCHEME

INDUSTRIAL TRAINING ASSESSMENT SHEET-EMPLOYER'S EVALUATION (TO BE COMPLETED IN TRIPLICATE BY STUDENT'S INDUSTRY-BASED SUPERVISOR)

Period of Attachment-----To-----

Month of Attachment-----

Name of Student-----Matric. No.-----

Course of Study-----

Name of Company-----

Type of Business-----

Name of Officer Evaluating-----

Designation-----

The student is to be evaluated objectively by comparing him/her with other students of the same academic standard or new employee expected to perform such duties.

EMPLOYMENT'S EVALUATION – Marks obtainable-20 Marks

(Each of the 10 factors stated below carry 2 marks)

S/N	FACTORS TO BE CONSIDERED	SCORES OBTAINED		
		Very Good (2 Marks)	Good (1.5 Marks)	Below Average (1 Mark)
1	Attendance/Punctuality			
2	Adherence to Rules and Regulations			
3	Speed of work/Accuracy			
4	Attitude to work (i.e. interest in the job and willingness to learn			
5	Personal Qualities (i.e. Appearance, Sociability, Leadership and Integrity)			
6	Communication skill (i.e. Oral & Written)			
7	Team playing			
8	Initiative/Creativity skill			
9	Potential for growth (i.e. ability to seek additional knowledge and responsibility)			
10	Level and Quality of training acquired during the period of attachment			
	TOTAL			

**Name & Signature of Industry-based Supervisor
with official stamp**

N.B: After completion and endorsement, the Employer must retain a copy of this form. Two (2) copies of this form should be given to the visiting lecturer; who will retain a copy in the Department and forward a copy to the Director (SIWES).



CRAWFORD UNIVERSITY, FAITH-CITY, IGBESA, OGUN STATE
OFFICE OF INDUSTRIAL LINKAGE AND TRAINING UNIT (ILTU)
ASSESSMENT OF STUDENT ON INDUSTRIAL TRAINING

-----SESSION

GENERAL (COMPANY SUPERVISOR'S REMARK)

1. Name of Company-----
2. Address-----
3. Phone No.-----
4. Company's Assigned Supervisor-----
5. Department/Unit-----
6. Name of Student-----
7. Nature of Student's Training-----
8. College/Department-----
9. Matriculation Number-----

S/N	Area Assessment	Excellent	Very Good	Good	Fair	Poor
1	On-job Qualities					
	Contribution to Company's goal					
	Attitude to change					
	Team working spirit					
	Technical competency					
2	Personal Qualities					
	Honesty					
	Integrity					
	Positive Attitude					
	Diligence					
3	Company's Resources					
	Management of Company's Resources					
	Time Management					
4	Problem-Solving					
	Comprehension of problems(s)					
	Method(s) of approach to problem(s)					
	Creativity					
5	Originality of techniques					
	Basic Skills					
	Communication					
	Writing					
	Passion to acquire knowledge					

Name of Assessor: -----Position: -----

Signature & Company's stamp-----

Company's Supervisor's Remark:

- | | |
|--|--------------|
| 1. Attendance | (1-10) ----- |
| 2. Character | (1-10) ----- |
| 3. Diligence | (1-10) ----- |
| 4. Industry Proficiency | (1-10) ----- |
| 5. Acceptability of similar student for future similar program | (1-10) ----- |
| 6. Overall Assessment | Total----- |

Remark-----

Name: -----

Signature-----

Mobile Phone No.-----E-mail Address-----

Address-----

CRAWFORD UNIVERSITY ASSIGNED SUPERVISOR'S REMARK:

Name-----Department-----

Rank-----College-----

1. Give your assessment of facilities provided by the Company during visit(s)

2. Comment on overall performance of student.

3. Comment on Success/failure of Programme based on the interaction with the Company's Assigned Supervisor

Signature-----Date-----