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**B.PK.UiTM.FSG.(O).08-(04/07)/01D**

**B.Sc (Hons)**

**FSG604**

**INDUSTRIAL TRAINING**

**D**

**SUPERVISOR’S EVALUATION FORM (40%)**

Please place the completed form into a **sealed envelope** and return to the student.

Or e-mail/fax the completed form to:

 Coordinator’s Name (for each program)

 Coordinator’s Email

Industrial Training Coordinator

 Faculty of Applied Sciences

 Universiti Teknologi MARA

 40450 Shah Alam

Fax: 03 5544 4562

*This section contributes 40% of the student’s total marks for the Industrial Training module.*

Student’s name:

Training Centre:

Training duration: to Year:

1. Please grade this student according to the following criteria (Tick ‘/’ in the correct box)

* 1. **Value, ethics, moral and professionalism**

Weak 1 2 3 4 5 Excellent

* + - 1. Moral ……………………………………
			2. Proactive ……………………………….
			3. Appearance …………………………….
			4. Independence ………………………….
			5. Volunteerism ……………………………
			6. Work responsibility ……………………..
			7. Work relation ………………………………
			8. Work ethics ……………………………….
			9. Integrity ……………………………………

*Total Marks: /45*

* 1. **Teamwork**

Weak 1 2 3 4 5 Excellent

* + 1. Foster good relationship …..…………….
		2. Alternate roles …………………………….
		3. Respect and accept opinions …..……….

*Total Marks: /15*

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* 1. **Information management and lifelong learning skills**

Weak 1 2 3 4 5 Excellent

1. Engagement ……………………………..…...
2. Self-learning …………………………………........
3. Interest …….………………………..…………
4. Initiative ……………………………….……….
5. Effort…………………………………………….

*Total Marks: /25*

2. Please indicate the trainee’s general aptitude

|  |  |
| --- | --- |
|  | Weak; requires constant supervision |
|  | Not receptive to suggestions and occasionally needs to be given firm orders  |
|  | Co-operative, perform duties as directed |
|  | Requires little attention, readily accepts suggestions  |
|  | Self-initiated, enthusiastic and reliable |

3. Please specify the weaknesses of this trainee throughout their practical training (if any):

4. Upon accepting our student(s) for practical training, would you consider employing graduates from this program in the future?

|  |  |
| --- | --- |
|  | Yes |
|  | No Please specify why? |

5. Overall comments

Supervisor’s Signature and Date

Supervisor’s name and Official Stamp