

**COMPULSORY PRACTICAL TRAINING
VISIT ASSESSMENT**

STUDENT NAME: _____

SUPERVISOR'S NAME: _____

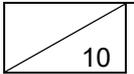
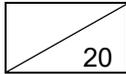
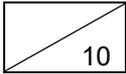
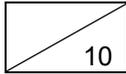
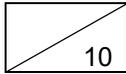
SUPERVISOR'S POSITION: _____

COMPANY/DEPARTMENT/
ORGANIZATION NAME: _____

WEEK OF PRACTICAL TRAINING: _____

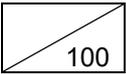
TRAINING DURATION: From: _____ Until: _____

Evaluation Criteria

Commitmen		Comprehension of Work Aspects	
Work Quality		Self-confidence	
Effort		Technical Skill	
Communication skill			

Overall comment for trainee's performance: _____

Suggestion for trainee's improvement: _____

Total Marks 

_____ **Date** _____ **Signature**

_____ **(Lecturer Name)**