## NATIONAL OPEN UNIVERSITY OF NIGERIA

University Village, Plot 91, Cadastral Zone, Nnamdi Azikiwe Expressway, Jabi, Abuja

Directorate of Student Industrial Work Experience Scheme (SIWES)

SIWES EMPLOYER'S EVALUATION FORM - 003

Dear Sir/Madam,

We would be grateful if you could complete this form to evaluate the performance of our student during their SIWES attachment. Kindly return the completed form under confidential cover through the student to the Study Centre Director.

Matric No: NOU221147183

Name of Student: Abass Adewale OLATUNJI

Telephone: 08143236834

Study Centre: Ibadan Study Centre

Programme of Study: B.Sc. Computer Science

Level: 300

Session: 2024\_2

Name of Company: Alusoft Technologies Ltd.

Address:

Olatunji Hammed Tunde

Topmost Floor Elem Building, Opp. IDC Primary School, Akobo, Ibadan, Oyo Nigeria

Date of Commencement of Attachment: Monday, January 6, 2025

Duration of Attachment: 24 Weeks

Please assess the student's performance based on the following criteria:

| Criteria—A W†6VÆÆVçB A Very Good   Good   Very Fair   Fair   Poor   Very Poor |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
|   |  |  |  |  |  |  |  |  |  |
| Attendance  |  |  |  |  |  |  |  |  |  |
| Comportment   |  |  |  |  |  |  |  |  |  |

| Willingness to take corrections   |
|---|
| Creativity               Carefulness in the handling of equipment               Application of practical skills               Reliability |
| Grading: Please rank the student's performance relative to other students you have supervised in the past. (Please circle your selection) |
| Excellent (70% and above) Very Good (60-69%) Good (50-59%)  |
| Satisfactory (40-49%) Fail (30-39)  |
| What overall mark (%) would you award the student?  |
| ADDITIONAL COMMENTS: Please provide any additional comments, including feedback on the student's written work report and logbook.         |
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| How many students would your organization be willing to host during the next SIWES programme?   |
| Thank you for your time and valuable input.   |
|   |
| Industry-based Supervisor's Name and Designation, Signature, Official Stamp and Date  |