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| --- | --- | --- | --- |
| Student Self-Assessment Sheet | | | |
|  |  |  |

Please answer the following questions honestly. This questionnaire is not part of the IAP module assessment. It will help us improving the IAP and our training system.

**Were your expectations met during the IAP?** 🗖 All 🗖 Some 🗖 Very few 🗖 none at all

**How did IAP help increase your knowledge, skills and attitudes as a student? Please tick one or more.**

🗖 It sharpened my skills through consistent hands-on activities.

🗖 It oriented me on the transition from college to work setting.

🗖 The working environment inspired me to practice work ethics in my daily tasks.

🗖 Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did you encounter any of the following challenges in your workplace? Please tick the applicable items.**

🗖 Lack of safety measures.

🗖 Poor communication and social relationship with work mates.

🗖 Inadequate tools and equipment supply.

🗖 Lack of supervision and help from others.

🗖 Unclear job description;

🗖 Tasks given were not related with my area of training.

🗖 Lack of opportunities for professional growth.

🗖 Failure to see dignity and value of work.

🗖 Lack of work ethics (i.e. gossip, indiscretion, abuse of benefits, privileges, etc.)

🗖 Lack of sense of morality among work mates

🗖 Other conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did your company supervisor or IPRC Industries Liaison Specialist monitor and address your IAP-related concerns?**

|  |  |
| --- | --- |
| 🗖 Always  🗖 Sometimes  🗖 Very rarely  🗖 Never |  |

**What are the situations you liked most in IAP? Please tick one or more**

🗖 Applying my theoretical knowledge in practice

🗖 Conducting similar tasks like a regular worker

🗖 Forming camaraderie with my workmates and gaining learning experiences from them

🗖 Others (please name them) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In general, rate your IAP experience and support your rating with a brief explanation.**

🗖 Excellent ­­­­­­­­­­­­­­­­­­­­­­­­🗖 Very Good 🗖 Sufficient 🗖 Fair 🗖 Poor

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**General comments or suggestions:**

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