

INDUSTRIAL TRAINING FUND

SIWES SUPERVISION ASSESSMENT FORM

To be completed by the Student

1. (a) Name in full..... (b) Matric No:
(c) Course of Study:..... (d) Year of Study/Level:
(e) Name of Institution:.....
2. (a) Name & Address of the Establishment of Attachment:.....
.....
(b) Department/Section:.....
(c) Period of Attachment: Form..... To:.....
3. (a) Is the place of Attachment Relevant to your course of study?
Yes ☐ No ☐
(b) If yes, State reasons:
(c) If No, advise on possible alternative:.....
4. Total number of weeks spent so far:.....
5. (a) Have you been visited by your Institution -Based Supervisor?
Yes ☐ No ☐
(b) if yes, give Name and Department of the Institution Supervisor:.....
.....

Signature of Student:..... Date:.....

To be completed by the Industrial-Based Supervisor

6. (a) Please assess the student's overall performance by ticking the appropriate box as provided.
Very good ☐ Good ☐ Satisfactory ☐ Poor ☐
(b) Are jobs assigned for the student relevant to his/her course study?
(c) Name of reporting Officer:.....
Designation/Rank:.....

Signature/Stamp:..... Date:.....

To be endorsed by the ITF Supervisor

7. Comment of ITF Supervisor:.....
.....

Name and Address:.....
Signature:..... Date:.....