



OJT Exit Poll

Name: _____ Program/Yr: _____

Name of OJT Company: _____

Company Address: _____

Assigned Position: _____ Unit/Dept.: _____

Brief Job Description: _____

Name of Supervisor: _____

Duration of OJT: From _____ to _____ Total Hours Completed: _____ hrs

1. Relate your OJT Experience with the following OJT Standards/Criteria by checking the Yes or No boxes below:

CRITERIA	YES	NO
1. My scope of work is directly related to the academic program I am pursuing.		
2. I was given an orientation on the company organization and operations.		
3. I was given a job description on my specific duties and reporting relationships.		
4. My office/work hours were clear and convenient for me.		
5. I felt safe and secure in my work location and environment		
6. I had no difficulty going to and from work.		
7. The company provided me with allowance, stipend, or subsidy. Indicate if ____ meal or ____ cash. If cash, how much? ____ /day.		



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2. List down your training objectives and indicate the extent you have achieved them.

TRAINING OBJECTIVES	Level of Achievement				
	0%	25%	50%	75%	100%
1.					
2.					
3.					
4.					
5.					

3. What is your overall rating of your training experience?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

4. In your own opinion, what can be done to improve the OJT program so as to improve further the training of succeeding student trainees?

Student Trainee's Signature

Date