

Reference No.: BatStateU-FO-OJT-05

Effectivity Date: May 18, 2022

Revision No.: 01

STUDENT-TRAINEE'S FEEDBACK FORM							
Name of the Student-Trainee: Name of Company:				Program: Department:			
Criteria:			SA	A	N	D	SD
1. My training is aligned	l with my field of	specialization.					
2. My training is challen	iging.						
3. I have opportunities for learning.							
4. I am aware with the p	olicies of the com	npany.					
5. I have positive working employees of the company	-	th my supervisor and other					
6. I am aware of the risk	s and hazards of 1	my working environment.					
7. My department is con its student-trainees.	nmitted to ensurin	ng the health and safety of					
Problems Met :							
Other Concerns:							
Engineering University rec	ognizes its commit ed from them are a	ment to protect and respect the pall processed in accordance with cy Act of 2012.	privacy o	f its customer	s and/or sta	keholders :	and ensure
	-	Student-Trainee's Signatu Date:	ıre	_			
Legend:		Date.					
SA - Strongly Agree	A - Agree	${\it N}$ - Neither agree or disagree		D - Disagree SD - Strongly Disagree			