



Reference No.: BatStateU-FO-OJT-05

Effectivity Date: August 8, 2018

Revision No.: 00

**STUDENT-TRAINEE'S FEEDBACK FORM****Name of the Student-Trainee:****Course:****Name of Company:****Department:****Date of Monitoring:**

	<b>SA</b>	<b>A</b>	<b>N</b>	<b>D</b>	<b>SD</b>
1. My training is aligned with my field of specialization.					
2. My training is challenging.					
3. I have opportunities for learning.					
4. I am aware with the policies of the company.					
5. I have positive working relationship with my supervisor and other employees of the company.					
6. I am aware of the risks and hazards of my working environment.					
7. My department is committed to ensuring the health and safety of its student-trainees.					

**Problems Met:****Other Concerns:**

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**Student – Trainee's Signature****Legend:***SA-Strongly Agree    A-Agree    N-Neither agree or disagree    D-Disagree    SD-Strongly Disagree*