



Reference No.: BatStateU-FO-OJT-04

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**TRAINING SUPERVISOR'S FEEDBACK FORM****Name of the Training Supervisor:****Department:****Name of the Company:****Date of Monitoring:****Name of Student – Trainee:**

The student-trainee:	SA	A	N	D	SD
1. Is punctual in attending work and assignments.					
2. Has sufficient knowledge to contribute in the organization.					
3. Knows how to work with the group.					
4. Performs tasks as prescribed In the Internship Training Plan.					
5. Follows and abides with the policies of the company.					
6. Maintains an upright conduct while in the company.					
7. Shows desirable traits, virtues and work habits.					

**Other Comments and Suggestions:**

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**Training Supervisor's Signature****Legend:***SA-Strongly Agree**A-Agree**N-Neither agree or disagree**D-Disagree**SD-Strongly Disagree*