

**FACULTY OF COMPUTING AND INFORMATICS  
TPT2201 INDUSTRIAL TRAINING  
ASSESSMENT BY COMPANY SUPERVISOR**

**PERIOD OF TRAINING**

From (Date)		To (Date)	
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**STUDENT DETAILS**

Student ID	
Student Name	

**COMPANY DETAILS**

Name	
Address	

**COMPANY SUPERVISOR DETAILS**

Name	
Designation / Department	
Phone No. / Email	

**1. OVERALL PROJECT EXECUTION, OUTCOME OR GENERAL COMMENTS**

**(Please attach a separate sheet if you need extra space)**

**2. ASSESSMENT**

**(a)**

	Poor				Outstanding					
(i) Time Management, Planning and Organizing	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
(ii) Communication Skills	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
(iii) Technical, Analytical and Problem Solving Skills	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
(iv) Professionalism and Ethics	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

*(For the student to pass, total must be 10 or more)*

**TOTAL**

**(b) Presentation Rating**

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
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*Company Supervisor Name, Signature, Stamp & Date*