**Student Training Survey**

|  |  |  |
| --- | --- | --- |
| **1** | **Name of Student** |  |
| **2** | **Registration Number** |  |
| **3** | **Department** |  |
| **4** | **Name of Training Organization:****Location:****Address:****Tel: E-mail:****Fax: Website:** |
| **5** | **Name/Title of Supervisor** **(at the training organization)** |  |
| **6** | **Does the training organization have a pre-planned training program?**  | **1. Yes 2. No** |
| **7** | **Which party prepares the program** | **1. Student 2. Organization**1. **Both**
 |
| **8** | **Types of exposure given:**

|  |  |
| --- | --- |
| **Activity**  | **Duration** |
| Design |  |
| Analysis |  |
| Outdoor Work |  |
| Supervision |  |
| Administration |  |
| Engineering Drawing |  |
| Others (specify): |  |

 |
| **9** | **State two important experiences that had been gained during training:** | **1)****2)** |
| **10** | **Main problems (if any) encountered during training:** |  |
| **11** | **During training, you were:** | **1. Always busy 2. Sometimes busy** |
| **12** | **How do you classify your overall training tasks?** | **1. Challenging 2. Fulfilled objectives****3. Boring**  |
| **13** | **How do you evaluate your overall training experience?** | **1. Excellent 2. Satisfactory** **3. Not satisfactory** |
| **14** | **Would you recommend this organization to other trainees?** | **1. Yes 2. No** |

Additional Comments:

Signature of student:

Date: