**Student Training Survey**

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| **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: