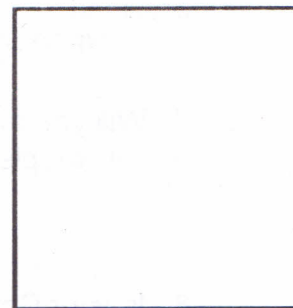


# INDUSTRIAL TRAINING FUND

MIANGO ROAD, P.M.B. 2199, JOS



## STUDENT INDUSTRIAL WORK EXPERIENCE SCHEME

### END OF YEAR PROGRAM REPORT SHEET

#### PART A

(To be completed by the Student)

1. (a) Name in full: .....  
(b) Registration/Matriculation Number: .....  
(c) Course of Study: ..... Year of Study: .....  
(d) Name of Institution: .....

2. (a) Name and Address of the Company Establishment of attachment: .....  
(b) Department/Section: .....  
(c) Period of Attachment. From: ..... To: .....  
Number of weeks: .....

3. Brief outline of experience of training provided: .....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

4. (a) Where were you attached last? (if applicable): .....  
(b) Total Number of weeks engaged in industrial attachment: .....

Signature of Student: ..... Date: .....

#### PART B (To be completed by the Employer)

Do you agree with The student comments in item 3 in part A? Yes/No.

If No, please comment: .....  
.....

6. Please assess the Students overall performance by ticking the appropriate box as provided.

VERY GOOD ☐ GOOD ☐ SATISFACTORY ☐ POOR ☐

7. Will you accept the Student in any future attachment? YES/NO

If No, please comment:

.....

8. Is your Company or Establishment in a position to offer this Student a job in future?

.....

9. Name of Reporting Officer: .....

Designation/Rank: .....

E-mail Address: ..... Phone No: .....

Signature/Stamp: ..... Date: .....

**N.B:** Forms duly completed by employers should be forwarded to/collected by the respective Institutions under seal.

**PART C** (To be completed by the Institution)

10. Indicate number of visits: .....

11. Give your assessment of the facilities provided by company during visit(s) by ticking  
STANDARD ☐ ADEQUATE ☐ RELEVANT ☐ NOT RELEVANT ☐

12. Give your impression of the Student's involvement in training: FULLY/PARTIALLY:

.....

13. Assessment of Student's Performance (Grading A, B, C or D has to be stated).

.....

Full Name of Supervisor: ..... Status .....

Department/Discipline: .....

.....

E-mail Address: ..... Phone No: .....

Signature/Stamp: ..... Date: .....

**N.B.** This form is to be returned to the ITF on completion by the respective Institution under seal.