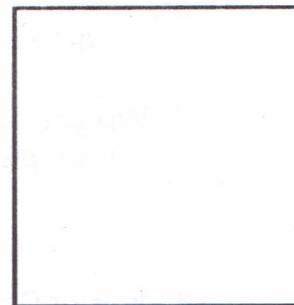


# INDUSTRIAL TRAINING FUND

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: .....

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- 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.