

## PRACTICAL TRAINING EVALUATION FORM

Student Name :  
 Student ID : Part/ Group:  
 Organization :

Date : Start : End

Please tick (√) the appropriate ratings for the following items:

**5 – Very Good**

**4 – Good**

**3 – Moderate**

**2 – Poor**

**1 – Very poor**

### A. Professional Competencies

No.		1	2	3	4	5
1	Organizes work and time appropriately					
2	Punctuality					
3	Uses time effectively					
4	Completes tasks in a timely manner					
5	Demonstrates initiative					
6	Dresses appropriately					
7	Responsiveness					
8	Proactive					
9	Complete tasks according to work plan					
<b>TOTAL (45 MARKS)</b>						

**B. Personal Qualities**

No.		1	2	3	4	5
10	Alertness and thoroughness					
11	Dependability and Accuracy					
12	Commitment					
13	Creativity					
14	Resourcefulness					
15	Leadership					
16	Conscientious					
17	Willingness to serve					
18	Adaptability (ability to accept instructions and flexible)					
19	Rapport with others					
20	Sensitivity and Responsiveness to group members					
21	Ability to Accept Criticism (reacts well to suggestions)					
22	Judgment (tact, appropriate assertiveness, maturity , self-control)					
<b>TOTAL (65 MARKS)</b>						

**C. Presentation Evaluations**

No.	Items	1	2	3	4	5
<b>Knowledge/ Information during practical training:</b>						
23	Current scenario (Ability to grasp new concepts)					
24	Special Issues (Field/ Office work etc)					
25	Creative thinking abilities					
26	Flow of thought					
<b>Presentation Techniques:</b>						
27	References and citation (adaptation of methods)					
28	Verbal (speed of talking, intonation, use of words)					
29	Retention of interest of audience					
30	Use of visual aids					
31	Mannerisms (posture, confidence)					
32	Language (Fluency and Proficiency)					
33	Time Management					
34	Questions and Answers					
<b>TOTAL (60 MARKS)</b>						

Total Marks: A + B + C = \_\_\_\_\_

Field Supervisor Signature

.....  
 ( )

Please return this evaluation form directly to:

**Unit Latihan Industri dan Kerjaya,  
 University College Of Agrosience Malaysia,  
 Lot 2020, Ayer Pa'abas,  
 78000 Alor Gajah, Melaka.  
 (U.P: Pn. Erni Sharliza Binti Saidin)  
 Fax: 06-5529963  
 Email : erni@ucam.edu.my**

**Faculty Supervisor Sign- off**

I have seen this evaluation and reviewed the Field Experience Report submitted by the students to me. The student has completed the Field Experience Requirements. The student has earlier given me his / her activity / reflection log book.

**Grade:**

Marks	Pass / Failed

**Faculty Supervisor Signature:**

.....

Date: .....