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FACULTY OF ELECTRICAL ENGINEERING  
UNIVERSITI TEKNOLOGI MARA

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**STUDENT'S SURVEY EVALUATION FORM**

**Student Information**

Name : ..... Student ID : .....  
Program Code : ..... Part : .....  
Date of Commencement : ..... Date of Completion : .....

**Training Supervisor Information**

Name: ..... Designation : .....  
Organization : .....

**Evaluation Panel Information**

Name: ..... Centre for : .....

Tick (/) at appropriate scale.

**A. ORGANIZATION**

Criteria	Scale					Marks Obtained
	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent	
1. Suitability for training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/5
2. Training benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/5
3. Prospect of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/5

**B. TYPE OF EXPOSURE GIVEN**

Criteria	Scale					Marks Obtained
	1 - Very Poor	2 - Poor	3 - Satisfactory	4 - Good	5 - Excellent	
1. Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/5
2. Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/5
3. Outdoor work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/5
4. Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/5
5. Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/5

**C. OVERALL TRAINING**

6. How do you classify your overall training?						Marks Obtained
a) Challenging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/5
b) Fulfilled objective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/5
c) Fulfilled expectation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/5

**(Total Marks = ( /55 )**

Indicator	
Very Poor	0 – 19 Marks
Poor	20 – 29 Marks
Satisfactory	30 – 39 Marks
Good	40 – 49 Marks
Excellent	50 – 55 Marks

**D. OTHERS**

QUESTION				YES	NO
1. Does the training have initial planning?				<input type="checkbox"/>	<input type="checkbox"/>
2. Any plan to work in this area/business after graduation? If <b>YES</b>				<input type="checkbox"/>	<input type="checkbox"/>
a) Are you interested to work in this company?				<input type="checkbox"/>	<input type="checkbox"/>
	<b>Planned Task</b>	<b>Ad-Hoc</b>	<b>Project</b>	<b>Routine</b>	<b>Other</b>
Nature of training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____