

 <p style="margin: 0;">                 UNIVERSITI                  TEKNOLOGI                  MARA             </p>	<p style="margin: 0; font-weight: bold; font-size: 1.2em;">                     UNIVERSITI TEKNOLOGI MARA                      FACULTY OF ACCOUNTANCY                      PRACTICAL TRAINING EVALUATION FORM                      BY EMPLOYER @ EEF                 </p>
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A. Name of Trainee : .....Student No:.....

B. Organisation/Company Name and Address : .....  
 .....  
 .....

C. Duration of Training: From : ..... To : .....

D. Please indicate your evaluation of the trainee with respect to the following criteria. Please *circle* the appropriate number against each statement using the scale given below.

excellent	good	satisfactory	moderate	Poor
5	4	3	2	1

1.	General Skill & Motivation.				
	• General capability to perform assigned tasks.	5	4	3	2 1
	• Willingness to learn and acquire knowledge.	5	4	3	2 1
2.	Job Competency.				
	• Able to complete assigned tasks efficiently and effectively.	5	4	3	2 1
	• Able to meet assigned deadlines	5	4	3	2 1
3.	Interpersonal Skills.				
	• Relationship with peers/supervisor	5	4	3	2 1
	• Ability to work in a team	5	4	3	2 1
4.	Responsibility.				
	• Job accountability of the trainee.	5	4	3	2 1
	• The trainee is committed in executing assigned tasks.	5	4	3	2 1
5.	Compliance With Working Requirements.				
	• The trainee comes to work every working day.	5	4	3	2 1
	• Punctuality at work.	5	4	3	2 1
	• Willingness to work overtime.	5	4	3	2 1
	• The trainee is well-groomed and neat in appearance.	5	4	3	2 1
6.	The trainee's knowledge and understanding of concepts.				
	• General knowledge.	5	4	3	2 1
	• Business knowledge.	5	4	3	2 1
	• Technical knowledge.	5	4	3	2 1

7.	Report Writing Ability.					
	• Technical reports.	5	4	3	2	1
	• Non technical reports.	5	4	3	2	1
8.	The trainee's ability to communicate his ideas.					
	• In English (orally).	5	4	3	2	1
	• In English (written).	5	4	3	2	1
	• In Bahasa Malaysia (orally).	5	4	3	2	1
	• In Bahasa Malaysia (witten).	5	4	3	2	1

9. Please tick one appropriate box below.

The trainee:

- Required constant supervision, over dependent.
- Lacked initiative; must be instructed from time to time.
- Performed work as directed.
- Required little supervision.
- Worked independently.

10. State any weaknesses of the trainee.

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11. State the strengths/potential of the trainee.

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12. Other Comments.

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This form should be signed by the supervisor/officer assigned to oversee the trainee.

Signature : ..... Date: .....

Name : .....

Position and Company Stamp : .....