



# INDUSTRIAL TRAINING FUND

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

## STUDENTS 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)**

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

If No, please comment.....

.....

6. Please assess the Student 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 Number.....

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

N.B: Form 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 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.