



### Trainee Survey

STUDENT INFORMATION	
Student Name	
Student ID:	
The Training Institution	
The Name Of Institute/ Company	
Email	
Company Industrial Supervisor Name	
Supervisor Job Title	

STUDENT INFORMATION																	
Did the training organization have a pre-planned training program		<input type="checkbox"/> YES	<input type="checkbox"/> NO														
Which party prepared the program		<input type="checkbox"/> Student	<input type="checkbox"/> Organization	<input type="checkbox"/> Both													
Were you busy during the training		<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Occasionally													
Type of exposure given																	
<table border="1"><thead><tr><th><u>Activity</u></th><th><u>Duration</u></th></tr></thead><tbody><tr><td>Design</td><td></td></tr><tr><td>Analysis</td><td></td></tr><tr><td>Supervision</td><td></td></tr><tr><td>Administration</td><td></td></tr><tr><td>On-site</td><td></td></tr><tr><td>Other (Specify)</td><td></td></tr></tbody></table>		<u>Activity</u>	<u>Duration</u>	Design		Analysis		Supervision		Administration		On-site		Other (Specify)			
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Design																	
Analysis																	
Supervision																	
Administration																	
On-site																	
Other (Specify)																	
State two main important experiences that had been gained during training																	
1.																	
2.																	
Main Problems (if any) that were encountered during the training																	
How do classify your overall training tasks		<input type="checkbox"/> Challenging	<input type="checkbox"/> Fulfilled objective	<input type="checkbox"/> Boring													

