



UNIVERSITY OF DSM COMPUTING CENTRE.

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PRACTICAL TRAINING FEEDBACK FORM

Organisation Name _____

Organisation Address _____

Tel: _____ Fax: _____ e-mail _____

Training Supervisor _____ Position _____

Student Name _____ Reg. No. _____

Training Period Started _____ Ended _____ Duration _____ months

Main tasks/duties _____

Evaluation (tick the appropriate alternative)

Clear communication skills

☐ Excellent ☐ Good ☐ Satisfactory ☐ Poor

Interacts well with co-workers, and is in effective and congenial member of the team

☐ Excellent ☐ Good ☐ Satisfactory ☐ Poor

Able to complete tasks independently, but asks thoughtful questions when appropriate

☐ Excellent ☐ Good ☐ Satisfactory ☐ Poor

Has a positive attitude and is willing to learn:

☐ Excellent ☐ Good ☐ Satisfactory ☐ Poor

Learns new skills quickly & uses them effectively

☐ Excellent ☐ Good ☐ Satisfactory ☐ Poor

Excellent – 4 marks, Good – 3 marks, Satisfactory -2 marks, Poor – 1 mark

Remarks _____

Theory and practical training (please tick the appropriate alternative)

The practical training as a part of the student's education was

☐ Excellent ☐ Good ☐ Satisfactory ☐ Poor

Remarks _____

ADDITIONAL FEEDBACK FOR THE PRACTICAL TRAINING ADDRESSED TO UCC LTD

Our view on the practical training

We are available for new trainees

☐ Yes

☐ No

The person in charge in our organisation

Name

 Phone

Our special requirements/wishes upon the trainee

Our special requirements/wishes for your Certificate programme

Emphasis should be laid on

Other comments

Signature & Stamp

Thank you for completing this questionnaire!