

INDUSTRIAL TRAINING FIRST VISIT FORM

Information:

Student Name	
Company Name	
Industrial Supervisor Name	
Faculty Supervisor Name	
Method	Physical Visit / Phone / Skype (others :)

Industrial Supervisor Comment:

No	Comment	Score Point (1 – Very Weak ; 5 – Very Good)
1	Student discipline	
2	Technical knowledge of Students	
3	Student work skills	
4	Student communication skills	
5	General comment	

Industrial Supervisor Name :

Signature & Company Stamp :

Date :