

**VAAL UNIVERSITY OF TECHNOLOGY**

**FACULTY OF ENGINEERING**

**DEPARTMENT OF CIVIL ENGINEERING AND BUILDING**

**EVALUATION OF EXPERIENTIAL TRAINING**



- ◆ This document must be completed by the student and the mentor/evaluator for each semester of experiential training done and must be certified by the mentor/evaluator as correct.
- ◆ A typed report of at least 2000 words on the experiential training period under the appropriate categories from the student must accompany this document.
- ◆ After completion of his/her studies, the student must submit this document to the Vaal Triangle Technikon, together with the application for the diploma.
- ◆ The application for the diploma must be accompanied by a supporting covering letter bearing the letterhead of the company.

<b>STUDENT INITIALS &amp; SURNAME</b>	
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<b>STUDENT NUMBER</b>		<b>IDENTITY NUMBER</b>	
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<b>TRAINING PERIOD PER SEMESTER</b>	<b>FROM</b>		<b>TO</b>	
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<b>COMPANY</b>	
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<b>COMPANY ADDRESS</b>	
	<b>TEL.NO.</b>

<b>EXPERIENTIAL TRAINING</b>		
1st 6 MONTHS	MODULE 1 (P1)	
2nd 6 MONTHS	MODULE 2 (P2)	

**SIGNATURE OF STUDENT:** .....

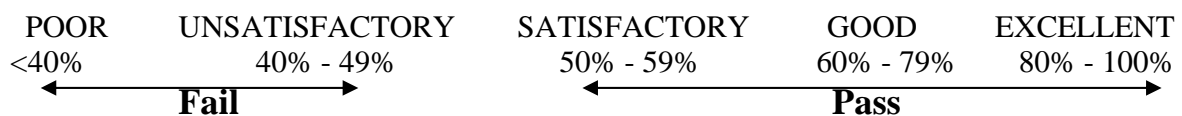
**List the titles of projects completed during this experiential training period:  
(One evaluated project report must be submitted to the Technikon)**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**SUMMARY OF EXPERIENTIAL TRAINING DONE THIS SEMESTER  
(Minimum total duration required = 26 weeks)**

CATEGORY	Cumulative duration in weeks	EVALUATION MARK (%) (see below)	SIGNATURE (Mentor/evaluator)
1. Administration			
2. Drawing			
3. Surveying			
4. Design			
5. Contracts			
6. Construction Supervision			
7. Materials Testing			
8. Projects			
9. Other (specify below)			
9.1			
9.2			
9.3			
10. Leave			
Total duration (in weeks) =			

**Explanation of the evaluation scale**



**EVALUATION OF THIS SEMESTER'S FUNCTIONAL ELEMENTS OF STUDENT**

<b>ELEMENT</b>	<b>EVALUATION MARK (%) (see previous page)</b>	<b>SIGNATURE (Mentor/evaluator)</b>
1. Technological knowledge		
2. Manipulative skills		
3. Mental skills		
4. Communication skills		
5. Personal and Interpersonal skills		
6. Supervisory and Management skills		
7. Professional growth		
8. Judgement		
9. Working pace		
10. Punctuality		
11. Dress		
12. Attendance		

**FINAL MARK:**

.....%

**TO BE COMPLETED BY THE MENTOR/EVALUATOR**

REMARKS ON THE STUDENT'S PROFESSIONAL GROWTH AND DEVELOPMENT

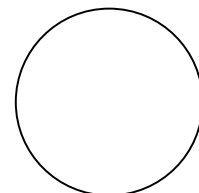
It is hereby declared that the information contained in this document is correct and that the student has done the prescribed training for the period indicated.

**NAME** .....

**DESIGNATION** .....

**SIGNATURE** .....

**DATE** .....



**OFFICIAL STAMP**

**ECSA REGISTRATION CATEGORY** .....  
(Pr Eng or Pr Tech (Eng) or Reg Eng Tech?)

**ECSA REGISTRATION NUMBER** .....

**FOR UNIVERSITY USE ONLY:**

**EVALUATION BY MENTOR/EVALUATOR**

.....%

**EVALUATION BY UNIVERSITY/MODERATOR**

.....%

**REMARKS:**.....  
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.....

**FINAL MARK:**

.....%

.....  
**HEAD OF DEPARTMENT**

.....  
**SIGNATURE**

.....  
**DATE**

**ECSA REGISTRATION OF HEAD OF DEPARTMENT:**

**ECSA REGISTRATION CATEGORY** .....  
(Pr Eng or Pr Tech (Eng) or Reg Eng Tech?)

**ECSA REGISTRATION NUMBER** .....