

# VAAL UNIVERSITY OF TECHNOLOGY FACULTY OF ENGINEERING INDUSTRIAL ENGINEERING EVALUATION OF EXPERIENTIAL TRAINING

This document must be completed by the student and the employer for <u>each</u> <u>semester</u> of experiential training, and must be certified as correct by the employer.

SEMESTER 1 (P1)		SEMESTER 2	2 (P2)		
TRAINING PERIOD	FROM			ТО	
STUDENT INITIALS					
& SURNAME					
				_	
STUDENT NUMBER		IDENTITY N	NUMBE	R	
COMPANY					
COMPANY					
ADDRESS					
		TE	L NR		
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MENTEOD					
MENTOR					
JOB TITLE					
TEL NR					
SUPERVISOR					
JOB TITLE					
TEL NR					

### SUMMARY OF EXPERIENTIAL TRAINING

EXPERIENTIAL TRAINING (Duration 26 weeks/semester)	Duration in weeks	EVALUATION MARK (%) (see below)	SIGNATURE (Supervisor)

### **Explanation of the evaluation scale:**



## **EVALUATION OF STUDENT'S FUNCTIONAL DIMENSIONS**

3. Mental skills 4. Communication skills 5. Interpersonal skills and teamwork 6. Supervisory and management skills 7. Professional growth 8. Judgement 9. Working pace 10. Punctuality 11. Dress 12. Attendance  EVALUATION BY MENTOR  REMARKS ON THE STUDENT'S PROFESSIONAL GROWTH AND DEVELOPMENT  t is hereby declared that the information contained in this document is correct and that the tudent has done the prescribed training for the period indicated.  NAME  POSITION  SIGNATURE		ELEMENT	EVALUATION MARK (%)	SIGNATURE (Supervisor)
3. Mental skills 4. Communication skills 5. Interpersonal skills and teamwork 6. Supervisory and management skills 7. Professional growth 8. Judgement 9. Working pace 10. Punctuality 11. Dress 12. Attendance  EVALUATION BY MENTOR  REMARKS ON THE STUDENT'S PROFESSIONAL GROWTH AND DEVELOPMENT  t is hereby declared that the information contained in this document is correct and that the tudent has done the prescribed training for the period indicated.  NAME  OSSITION GIGNATURE  OFFICIAL STAM  CCSA REGISTRATION CATEGORY	1. Technological	knowledge		
4. Communication skills 5. Interpersonal skills and teamwork 6. Supervisory and management skills 7. Professional growth 8. Judgement 9. Working pace 10. Punctuality 11. Dress 12. Attendance  EVALUATION BY MENTOR  REMARKS ON THE STUDENT'S PROFESSIONAL GROWTH AND DEVELOPMENT  t is hereby declared that the information contained in this document is correct and that the tudent has done the prescribed training for the period indicated.  NAME  COSITION  GIGNATURE  OFFICIAL STAN  OFFICIAL STAN  CCSA REGISTRATION CATEGORY	2. Assertiveness	•		
5. Interpersonal skills and teamwork 6. Supervisory and management skills 7. Professional growth 8. Judgement 9. Working pace 10. Punctuality 11. Dress 12. Attendance  EVALUATION BY MENTOR  REMARKS ON THE STUDENT'S PROFESSIONAL GROWTH AND DEVELOPMENT  t is hereby declared that the information contained in this document is correct and that the tudent has done the prescribed training for the period indicated.  NAME  POSITION  GIGNATURE  OFFICIAL STAME  CCSA REGISTRATION CATEGORY	3. Mental skills			
6. Supervisory and management skills 7. Professional growth 8. Judgement 9. Working pace 10. Punctuality 11. Dress 12. Attendance  EVALUATION BY MENTOR  REMARKS ON THE STUDENT'S PROFESSIONAL GROWTH AND DEVELOPMENT  t is hereby declared that the information contained in this document is correct and that the tudent has done the prescribed training for the period indicated.  NAME  POSITION  GIGNATURE  OFFICIAL STAN  CCSA REGISTRATION CATEGORY	4. Communication	on skills		
7. Professional growth 8. Judgement 9. Working pace 10. Punctuality 11. Dress 12. Attendance  EVALUATION BY MENTOR  REMARKS ON THE STUDENT'S PROFESSIONAL GROWTH AND DEVELOPMENT  t is hereby declared that the information contained in this document is correct and that the tudent has done the prescribed training for the period indicated.  NAME  POSITION  GIGNATURE  DATE  OFFICIAL STAN	5. Interpersonal s	skills and teamwork		
7. Professional growth 8. Judgement 9. Working pace 10. Punctuality 11. Dress 12. Attendance  EVALUATION BY MENTOR  REMARKS ON THE STUDENT'S PROFESSIONAL GROWTH AND DEVELOPMENT  t is hereby declared that the information contained in this document is correct and that the tudent has done the prescribed training for the period indicated.  NAME  POSITION  GIGNATURE  DATE  OFFICIAL STAN	6. Supervisory ar	nd management skills		
8. Judgement 9. Working pace 10. Punctuality 11. Dress 12. Attendance  EVALUATION BY MENTOR  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 tudent has done the prescribed training for the period indicated.  INAME  POSITION  GIGNATURE  DATE  OFFICIAL STAN				
10. Punctuality 11. Dress 12. Attendance  EVALUATION BY MENTOR  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 tudent has done the prescribed training for the period indicated.  NAME  POSITION  GIGNATURE  DATE  OFFICIAL STAN  CCSA REGISTRATION CATEGORY				
10. Punctuality 11. Dress 12. Attendance  EVALUATION BY MENTOR  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 tudent has done the prescribed training for the period indicated.  NAME  POSITION  GIGNATURE  DATE  OFFICIAL STAN  CCSA REGISTRATION CATEGORY	9. Working pace			
T2. Attendance  EVALUATION BY MENTOR  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 tudent has done the prescribed training for the period indicated.  NAME  POSITION  GIGNATURE  OFFICIAL STAN  CCSA REGISTRATION CATEGORY	10. Punctuality			
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 tudent has done the prescribed training for the period indicated.  NAME  POSITION  GIGNATURE  OFFICIAL STAN  CCSA REGISTRATION CATEGORY	11. Dress			
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 tudent has done the prescribed training for the period indicated.  NAME  POSITION  GIGNATURE  OFFICIAL STAN  CCSA REGISTRATION CATEGORY	12. Attendance			
NAME POSITION SIGNATURE OATE OCSA REGISTRATION CATEGORY OF the period indicated.  OFFICIAL STAN				
POSITION  SIGNATURE  OATE  OFFICIAL STAN  CCSA REGISTRATION CATEGORY	student has done th			rect and that the
DATE OFFICIAL STAN	ALTAILE.	•••••	•••••	
DATE OFFICIAL STAN	POSITION			
OFFICIAL STAN CCSA REGISTRATION CATEGORY	SIGNATURE			\
ECSA REGISTRATION CATEGORY				
	DATE		······	OFFICIAL STAM

ECSA REGISTRATION NUMBER .....

# **EVALUATION OF EXPERIENTIAL TRAINING**

SEMESTER 1 (P1)		SEMESTER 2 (P2)	
STUDENT INITIALS & SURNAME			
& SUKNAME			
STUDENT NUMBER		IDENTITY NUMBER	
EVALUATION BY UN	IVERSITY AS MOI	<u>DERATOR</u>	
REMARKS:	•••••	•••••	•••••
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FINAL MARK:		<i></i> %	)
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The experiential training	of this student has	been controlled. The r	report of experiential
training as contained in the			eport of emperionitian
		 D.47	717
HEAD OF DEPARTM	EN I	DAT	T <b>E</b>
ECSA REGISTRATIO	N OF HEAD OF DE	PARTMENT:	
ECSA REGISTRATIO	N CATEGORY		
(Pr Eng or Pr Tech (Eng)	or Reg Eng Tech?)		
ECSA REGISTRATIO	N NUMBER		