

UNIVERSITY OF MAURITIUS
FACULTY OF SOCIAL STUDIES AND HUMANITIES

STUDENT WORK EXPERIENCE PROGRAMME (SWEP) 2009

EMPLOYER'S EVALUATION OF STUDENT AND PROGRAMME

(Please fill one form in respect of each student attached to your organization and post/ fax to the Faculty of Social Studies and Humanities by 27th July 2009)

Information about the Organisation / Ministry

Name of Organisation / Ministry:

Activity of Organisation / Ministry:

Name of Supervisor: _____ Position of Supervisor: _____

Information about Student and tasks undertaken

Name: _____ Programme of Study: _____

Brief description of tasks undertaken by the Trainee

Evaluation of Programme

(a) Overall, are you satisfied with the performance of the trainee?

Yes

No

If yes, please elaborate

(b) Would your organisation be prepared to continue participating in this programme?

Yes

No

(c) Do you have any suggestion(s) to make so as to improve the programme?

Evaluation of Student

(a) How would you rate the trainee in respect of the following:

(1 = Poor 2 = Fair 3 = Satisfactory 4 = Good 5 = Very Good)

	1	2	3	4	5
(i) Verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Ability to plan / organise his / her work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Motivation and interest during the attachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(v) Sense of responsibility at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vi) Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vii) Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(viii) Interaction with staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) Did the trainee experience any adaptability problems?

Yes

No

If yes, please elaborate briefly

(c) Did the trainee experience any difficulty in carrying out his / her assignment?

Yes

No

If yes, please elaborate briefly

THANK YOU FOR FILLING IN THIS QUESTIONNAIRE

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