



UNIVERSITY OF MAURITIUS

FACULTY OF SCIENCE

STUDENT WORK EXPERIENCE PROGRAMME (SWEP) 2009

EMPLOYER'S EVALUATION OF TRAINEE

(Please fill one form for each trainee attached to your organisation and mail / fax to the Faculty of Science, University of Mauritius at the end of the training period)

Information about the Organisation / Ministry

Name of Organisation / Ministry:

Activity of Organisation / Ministry:

Name of Supervisor: _____

Position of Supervisor: _____

Brief description of tasks undertaken by the Trainee

Information about Trainee / Evaluation of Trainee

Name of Trainee: _____

(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"/>

Information about Trainee / Evaluation of Trainee (continued)

(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

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

Yes

No

If yes, please elaborate briefly

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

Yes

No

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

THANK YOU FOR YOUR PRECIOUS TIME IN FILLING THIS QUESTIONNAIRE

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