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STUDENT-TRAINEE'S FEEDBACK FORM

Name of the Student-Trainee:

Course:

Name of Company:

Department:

Date of Monitoring:

	SA	A	N	D	SD
1. My training is aligned with my field of specialization.					
2. My training is challenging.					
3. I have opportunities for learning.					
4. I am aware with the policies of the company.					
5. I have positive working relationship with my supervisor and other employees of the company.					
6. I am aware of the risks and hazards of my working environment.					
7. My department is committed to ensuring the health and safety of its student-trainees.					

Problems Met:

Other Concerns:

Student – Trainee's Signature

Legend:

SA-Strongly Agree A-Agree N-Neither agree or disagree D-Disagree SD-Strongly Disagree