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|-----------------------------------------------------------------------------------|------------------------|----------------------------------|
|  | COMPANY APPRAISAL FORM | Document No.: ICEP-OJT-06-03     |
|                                                                                   |                        | Effective Date: October 28, 2019 |

|                  |                      |
|------------------|----------------------|
| Name of Trainee: |                      |
| Student Number:  | Gender:              |
| School:          | Program:             |
| Company Name:    | Assigned Department: |
| Training Period: | Equivalent Hours:    |

INSTRUCTIONS:

Please rate the above – mentioned company in terms of its ability to provide a sound and effective training for the students following below ratings:

A. CLARITY OF THE OJT PROGRAM

|                                                                                                                                            | Poor                     | Below Average            | Average                  | Excellent                |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Discuss with students the objectives and purpose of the training program for better appreciation                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Orients students on the company’s rules and regulations to ensure proper compliance (attendance, tardiness, disciplinary actions, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Provides students with actual exposure on the company’s operations to identify potential problem areas and research topic               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Endorses students to a particular staff to handle the training program and monitor progress of the training                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                            |                          |                          |                          |                          |

B. TRAINING PROGRAM FOR THE STUDENT

|                                                                                                     | Poor                     | Below Average            | Average                  | Excellent                |
|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Training Module/Program available to students                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Assistance/accommodation extended to students                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ability to provide students the data essential for the completion of the project/practicum study | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                     |                          |                          |                          |                          |

C. LEARNING OF STUDENTS

|                                                   | Poor                     | Below Average            | Average                  | Excellent                |
|---------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Degree of Learning Acquired                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Expectations were adequately met               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was able to stimulate interest of the students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                   |                          |                          |                          |                          |

OVERALL PERFORMANCE IN ACCORDANCE WITH THE TRAINING REQUIREMENTS (AVERAGE) \_\_\_\_\_

|                                                                                   |                               |                                  |
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**PLEASE COMPLETE THE FOLLOWING:**

1. Strong points of the training provided:

2. Weak points of the training provided:

3. Suggestions/Comments:

**APPRAISED BY:**

\_\_\_\_\_  
Student’s Signature over Printed Name

\_\_\_\_\_  
Date

Note: All personal information disclosed shall be used solely for legitimate purposes, specifically for the appraisal of the company for the OJT program of the Institute, and shall be processed only by authorized personnel in accordance with the Data Privacy Policy of the Institute and the Company