



National Institute of Textile Engineering and Research (NITER)

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Industrial Attachment Evaluation Form

Name of Student: _____

Name of the Factory: _____

Address: _____

Starting Date: _____ End Date: _____

Instructions:

- This form should be completed by the industrial supervisor.
- Please complete the questionnaire for each student.
- Please choose one response for each question and **Tick (√)** the appropriate number.
- Please return the completed questionnaire in a **sealed envelope**.

1 – Unsatisfactory 2 – Satisfactory 3 – Good 4 – Very Good 5 – Excellent

How did the student perform on the following factors?	1	2	3	4	5
1. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sincerity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Teamwork/Collaboration skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Questioning skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Potentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other comments (if any):

Official Stamp:

Name of the Evaluator: _____

Designation: _____ Date: _____

Cell Phone: _____

**** Please return this document to the intern within a sealed envelope**