



Survey: Engineering Training Survey (Employer)

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| Name of Student: | ID: |
| E-mail: | Program: |
| Position: | Training Period: |
| Brief description of Training: | |
| Name and Address of Trainer Organization: | |

Please rate the student's performance for the following items

| Personal Attributes | | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Q1 | Enthusiasm and interest in work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q2 | Quality of work output | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q3 | Taking initiative to complete tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q4 | Ability to work independently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q5 | Maintaining effective relations with co-workers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q6 | Attendance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q7 | Punctuality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Student Outcome (SOs) | | | | | | |
| Q8 | Demonstrates analytical problem solving skills (a, e) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q9 | Communicates clearly in written form (g) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q10 | Communicates clearly verbally (g) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q11 | Demonstrates leadership and ability to work in a team (d, g) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q12 | Demonstrates skills for lifelong learning (i) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q13 | Demonstrates necessary technical knowledge (a, e) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q14 | Demonstrates necessary computer skills (k) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q15 | Demonstrates ability to design (c) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall Evaluations | | | | | | |



THE HASHEMITE UNIVERSITY
Faculty of Engineering
Industrial Engineering Department

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|------------|--|------------------------------------|-------------------------------|----------------------------------|--|--------------------------------|
| Q16 | Overall rating for the student's performance | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Poor |
| Q17 | Where do you rank this HU engineering trainee compared to trainees from other universities | <input type="checkbox"/> Above | | <input type="checkbox"/> Same | | <input type="checkbox"/> Below |
| Q18 | Based on your experience with HU engineering trainee(s), would you hire HU graduates? | <input type="checkbox"/> Yes | | | <input type="checkbox"/> NO | |

Additional Comments (if any):

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|---|---|
| Supervisor Name: | Signature: |
| Position: | Date: |
| Company/organization: (Please affix company stamp) | Address: Phone: Fax: E-Mail: |