



UNIVERSITY OF MAKATI

J. P. Rizal Extension, West Rembo, Makati City

*Tel. Nos. 882-0535*8820677*8831876*

On-the-Job Training and Placement Services Center

OJT EVALUATION

Student's Name:		College:	Major
Training Company:			
Company Address:		Tel. No.	
Contact Person:			
Inclusive date of Training: from _____ to _____, 200 ____.			
Date of Evaluation:		Date of your last evaluation:	
Employability: () Extended OJT/Trainee () Probationary () Contractual () Casual () Regular () Applicant			Allowance/Salary: Php _____
If employed, specify the name of the company: _____			Tel. No. _____

QUESTIONNAIRE

ASSIGNMENT	DEPARTMENT:	OTHER DEPT. ASSIGNED:
	POSITION:	RATER/SUPERVISOR:
Describe your duties briefly.		
What do you consider your strongest areas of performance? (Explain)		
In what areas do you feel you have improved the most? (Explain)		

In what areas do you feel you need the most improvement? (Explain)	
What situation that challenged you most? (Explain)	
How did you overcome the challenge? (Explain)	
What did you learn from your experiences? (Explain)	
Do you think your training station is qualified to be one of our university linkages? (Explain)	
OJT's suggestion/recommendation:	

(Please do not fill out this portion.)

Acquired Total Training Hours: _____ Date of completion: _____

Acquired Total Performance Rating: _____

Remarks: _____

Please answer this questionnaire and the Student's Information Sheet properly. These will be submitted in original printed copies in two (2) folders (1-all original; 1-all photocopies), including rating sheet, certificate of completion and other additional requirements if necessary subject to approval of the College-OJT Coordinator.

Note: The OPSCenter will only accept requirements after the Dean of College and OJT Coordinator signed the rating sheet and the narrative report .