



**JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY**

P.O. BOX 62000, CITY SQUARE, NAIROBI, 00200, KENYA. TELEPHONE: (067 52711, 52181/4, 52124, 52165, 52028).FAX 52446,

**Office of the Registrar (Academic)
Attention: GEGIS Chairman**

E-mail: registrar@aa.jkuat.ac.ke and cc gegis@eng.jkuat.ac.ke

“CONFIDENTIAL”

ASSESSMENT FORM FOR LECTURERS

To the Chairman, Department of.....
 I.....Year of Study.....
 Phone..... Reg. No.....
 and attached atdo confirm that I have
 been assessed by Prof./Dr./Mr./Mrs./Miss.....
 (Day)..... (Month)..... (Year).....
SIGNATURE.....

TO THE ASSESSOR

This form is to be completed by the Lecturer/Professor on visiting and assessing the student at the station where the student is attached. The form should be handed over to the departmental co-coordinator as soon as the Lecturer/Professor returns to the University. It is designed to assist in objective assessment of the trainee.

ATTRIBUTE TO BE ASSESSED	MAXIMUM MARKS AWARDED	REMARKS
Practical orientation of the chosen task	5	
Intellectual activity utilized in the task	4	
Independence	4	
Communication	4	
Innovativeness in relation to project	4	
Extension	4	
Application of technology in work	5	
TOTAL	30	

Industry Supervisor’s name.....

Signature.....Date.....Tel. No.....

Assessor’s name and Signature.....Date.....

