



**JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY**

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“CONFIDENTIAL”

ASSESSMENT FORM FOR EXTERNAL/INDUSTRY SUPERVISORS

Student's Name.....

Registration No..... Department.....

Programme/Course.....

Station where attached.....

Period of attachment: From..... To.....

TO THE SUPERVISOR

This form is designed to assist you to objectively assess the trainee attached in your organization. Your assessment of the trainee will be highly valued. Kindly complete and return it under **CONFIDENTIAL** cover to: **THE REGISTRAR (ACADEMIC AFFAIRS), J.K.U.A.T., P.O. BOX 62000, NAIROBI.** It is our request that this be done immediately the trainee completes the attachment period.

ASSESSMENT FORM FOR EXTERNAL SUPERVISORS

| QUALITY | MAXIMUM MARKS | MARKS AWARDED | REMARKS |
|--|----------------------|----------------------|----------------|
| Attendance | 5 | | |
| Punctuality | 5 | | |
| Attitude to work and interest in work | 5 | | |
| Skill: a) Laboratory b) Plant handling c) Supervisory work | 5 | | |
| Scientific and Technical knowledge | 5 | | |
| Intelligence/quality of work | 5 | | |
| Ability to learn and perform tasks | 5 | | |
| Acceptability to learn and interaction with: a) Colleagues b) Subordinates c) Supervisor(s) | 5 | | |
| Acceptance of responsibility | 5 | | |
| Judgment in situation/improvisation | 5 | | |
| Dependability to Environment | 5 | | |
| Adaptability to Environment/adjustment | 5 | | |
| Organization and Planning | 5 | | |
| Effective use of student's time | 5 | | |
| Initiative/creativity | 5 | | |
| TOTAL | 75 | | |

SUPERVISOR'S NAME **SIGNATURE**.....

TELEPHONE NUMBER **DATE**.....

MOBILE PHONE NUMBER **EMAIL**.....

ADVICE TO INSTITUTION ON AREAS OF IMPROVEMENT

Please make any suggestions on the areas in which you feel the University should improve its presentation and organization for practical attachment (Use the space provided below or a separate paper)