

 <p><b>UNIVERSITI MALAYA</b> KUALA LUMPUR</p>	<p><b>DEPARTMENT OF ESTATE MANAGEMENT</b>  <b>FACULTY OF BUILT ENVIRONMENT</b>                  University of Malaya, 50603 Kuala Lumpur                  Tel. No.: 03-7967 5320 Fax No.: 03-7967 5713</p> <p><b>CORPORATE TRAINING PROGRAMME EVALUATION FORM</b></p>
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Note: This form should be treated as confidential.

**SECTION M: SUBMISSION OF LOG BOOK/ REPORT (To be completed by Internship Coordinator).**

Please tick (/) where applicable.

FACTOR	Very poor (1)	Poor (2)	Satisfactory (3)	Good (4)	Excellent (5)	
Summary of the weekly report	Significantly missing content. Poorly stated.	Missing some of the content. Quite poorly stated.	Almost Complete content. Significantly have repetition in activities Fairly stated.	Complete content. Significantly have repetition in activities Almost clearly stated.	Complete content. Different activities Clearly stated.	
Format (Summary of the weekly report, date, time, week, activity title, supervisor, department)	Poorly complete the requirement Unorganized	Fairly complete the requirement Quite organized	Fairly complete the requirement organized	complete the requirement Neat	Complete all the requirement Neat	
Content of the full report	Complete less than 1/4	Complete less than 1/2	Complete less than 3/4	Complete less more 3/4	Complete up to the last week	
Activities Report	Major error, missing content, very sloppy	Minor error, missing content, very sloppy	A significant omission of error, Neat	Omission of error, neat	Fairly no error Neat	
Signatures of the supervisor for verification purposes	First visit	Not verified	Verified 1 to 2 times	Verified 3 to 4 times	Verified 5 to 6 times	Verified 7 times and above
	Second visit	Verified less than 7 times	Verified 8 to 9 times	Verified 10 to 12 times	Verified 13 to 14 times	Verified 15 times and above

**SECTION N: ADDITIONAL COMMENTS/SUGGESTIONS:**

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**SECTION O: COORDINATOR'S DECLARATION**

I hereby certify that the intern has submitted internship report and log book.

**Department Coordinator:**

Signature:.....

Name:.....

Date:.....