

- **Practical Work Assessment Form**

PRACTICAL WORK ASSESSMENT FORM

(Filled by the Leader/Tutor at the Internship)

Student Name : _____
 Student Number : _____
 Division : _____
 Theme/Project Title : _____

According to our observations and assessments during the practical work period: _____ s.d. _____
 are as follows :

No	Assessment Aspects	Letter Value *)						
A	Work result :							
	1. Quality	A	AB	B	BC	C	D	E
	2. Timeliness	A	AB	B	BC	C	D	E
	3. Quantity	A	AB	B	BC	C	D	E
B	Work attitude :							
	1. Time Discipline	A	AB	B	BC	C	D	E
	2. Presence	A	AB	B	BC	C	D	E
	3. Teamwork	A	AB	B	BC	C	D	E
	4. Work Ethics	A	AB	B	BC	C	D	E
	5. Initiative	A	AB	B	BC	C	D	E
C	Personal :							
	1. Performance	A	AB	B	BC	C	D	E
	2. The desire to progress	A	AB	B	BC	C	D	E
	3. Responsibility	A	AB	B	BC	C	D	E
	4. Skilled/Responsive	A	AB	B	BC	C	D	E

note: *) Circle the letter that corresponds to your assessment

Special	Very Good	Good	Pretty good	Fairly	Somewh at	Very Less
4	3,5	3	2,5	2	1	0
81 – 100	71 – 80	66 – 70	61 - 65	51- 60	41-50	0-40

Surabaya, ____/____2023

Leader/Manager

Field Supervisor

Signature and stamps

(.....)

Signature

(.....)