KIRINYAGA UNIVERSITY

ATACHEE ASSESSMENT FORM

This is to inform you to objectively assess the trainee attached in your organization. Your assessment of the trainee will be highly valued. Kindly complete and return the CONFIDENTIAL report to the VICE CHANCELLOR, KIRINYAGA UNIVERSITY 143-10300 KERUGOYA. It is our request that this is done immediately the trainee completes the attachment period of a minimum of TEN WEEKS.

Name of the Student …….

Reg. No……Cellphone……

School……

Department ……

Programme ……

Name of the attaching organization……

Address……

Contact of Industrial Supervisor……

Period of attachment……Weeks

From ……To……

USE THE FOLLOWING SCALE TO RATE THE STUDENT

| ATTRIBUTETOBEASSESSED | MAXIMUM MARKS | REMARKS (SUPERVISOR'SSCORE) |
|---|---|---|
| Practicalorientationtotasks | AWARDED 5 | |
| Applicationofintellectualskillstotasks | 5 | |
| Extentofdependencyonsupervision | 5 | |
| Proficiency in communication(spoken &written) | 5 | |
| Relationshipwithcolleagues/Teamwork | 5 | |
| Use of tools (e.g. computers & related software) | 5 | |
| Levelofcreativityintasksperformed | 5 | |
| Level of initiative to perform tasks beyond normal hours | 5 | |
| Levelofhonesty,integrityandtrust | 5 | |
| Presentability(e.g.dressing) | 5 | |

| | | |
|---|---|---|
| General attitude to work | 5 | |
| Scientific and technical knowledge (Quality of work performed) | 5 | |
| Ability to learn and apply skills | 5 | |
| Dependability | 5 | |
| Punctuality and time-keeping | 5 | |
| Willingness to take extra duties and responsibilities | 5 | |
| TOTAL | 80% | |

Overall assessment of the trainee's benefit reaped from the attachment.

Comment……

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Do you consider this trainee's attachment as having been successful?

Comment……

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Will you accept other students from Kirinyaga University in future? YES/NO

If NO, Kindly state reason(s)

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Comments ……

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Industrial Supervisor Name: ……

Signature: ……..Date: ……Stamp……

LYNNETECH SOLUTIONS
06 AUG 2026
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SIGN: