



KENYA WATER INSTITUTE
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Student’s Feedback Form

NB: To be filled by the Student

Name of the student

KEWI Registration No

Name of the Supervisor

Designation

Company / Organization

Date

1. Relevancy (tick where appropriate)

Criteria	Unsatisfactory	Acceptable	Good	Very Good
Is the attachment relevant to your course				
Did the attachment training connect in any way to what you have learnt in class?				
Did the attachment meet your expectations				
How was the quality of training				
Supervisor ability to communicate to you effectively				
Will you be able to apply the knowledge learnt				

Any strength / potential of yourself you identified?
 Please comment

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Any weakness of yourself you identified?
Please comment

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.....

Met any challenges in the attachment period?

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.....

Was the time allocated for attachment enough?

YES NO

Would you recommend other students to be attached in this organization?

YES NO

In case of No, please explain.....
.....

How do you rate the training overall?

	Poor	Acceptable	Good	Very Good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>