

Employer Feedback Form

Dear Employer,

Many graduates of our Department/ College/ Institute/ University are already working in your organization. We are thankful to you for providing them employment with your prestigious Company/ Organization.

We shall very much appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form. It will help us to improve the Department/ College/ Institute/ University further and give you better employee in future.

Tick -the number that best describes your level of satisfaction at each question: 1- Far From Satisfied, 2- Not Satisfied, 3- Satisfied, 4- Happy, 5- Very Happy

How satisfied are you with student/s work performance in each of these areas:	1	2	3	4	5
1. General communication skills					
2. Developing practical solutions to work place problems.					
3. Working as part of a team					
4. Creative in response to workplace challenges					
5. Their planning and organization skills					
6. Self-motivated and taking on appropriate level of responsibility					
7. Open to new ideas and learning new techniques					
8. Using technology and workplace equipment					
9. Ability to contribute to the goal of the organization					
10. Technical Knowledge/ Skills					
11. Ability to manage/ leadership qualities					
12. Innovativeness, Creativity					
13. Relationship with seniors/ peers/ subordinates					
14. Involvement in social activities					
15. Ability to take up extra responsibility					
16. Obligation to work beyond schedule if required					

On a scale of 1 to 10 how do you rate your overall satisfaction with ITM/ ITM University students and the curriculum?

1	2	3	4	5	6	7	8	9	10
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If you were dissatisfied with any aspect, please comment further:

How could our programs be improved? What specific comments do you have regarding the curriculum?

Any other comment(s):

Would you like to recruit more ITM/ ITM University students?	Yes	No
Would you refer us to other organization(s)	Yes	No

Please feel free to speak in confidence with our staff about any aspects of the program or students 'performance.

Phone:

Name:

Designation:

Company / Organization:

Corporation:

(For Officials use)

Action Taken Report

Details of action taken on feedback received from industry:

Signature:

Date: