

### Employer Feedback Form

Dear Employer,

Many graduates of our Department/College/Institute are already working in your organization. We are thankful to you for providing them employment with your prestigious 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 Institute further and give you better employees 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 the student/s work performance in each of these areas:	1	2	3	4	5				
1. General communication skills					<input checked="" type="checkbox"/>				
2. Developing practical solutions to work place problems			<input checked="" type="checkbox"/>						
3. Working as part of a team					<input checked="" type="checkbox"/>				
4. Creative in response to workplace challenges					<input checked="" type="checkbox"/>				
5. Their planning and organization skills				<input checked="" type="checkbox"/>					
6. Self-motivated and taking on appropriate level of responsibility				<input checked="" type="checkbox"/>					
7. Open to new ideas and learning new techniques					<input checked="" type="checkbox"/>				
8. Using technology and workplace equipment					<input checked="" type="checkbox"/>				
9. Ability to contribute to the goal of the organization					<input checked="" type="checkbox"/>				
10. Technical knowledge/skill				<input checked="" type="checkbox"/>					
11. Ability to manage/leadership qualities				<input checked="" type="checkbox"/>					
12. Innovativeness, creativity				<input checked="" type="checkbox"/>					
13. Relationship with seniors			<input checked="" type="checkbox"/>						
14. Involvement in social activities				<input checked="" type="checkbox"/>					
15. Ability to take up extra responsibility					<input checked="" type="checkbox"/>				
16. Obligation to work beyond schedule if required				<input checked="" type="checkbox"/>					
<b>On a scale of 1 to 10 rate your overall satisfaction</b>									
1	2	3	4	5	6	7	8	9	10
How could our programs be improved? What specific comments do you have regarding the curriculum?									

total Ratinge scale - 71

total parameter - 16

Overall Scale - 4.44

Response - v. happy

Concl - The Employer is v. happy for feedback

IQAC Co-Ordinator



Any other comment(s):

Would you like to recruit more S.T.Co.Op. student?

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. If you would like staff to contact you to discuss any issues, please provide your contact number.

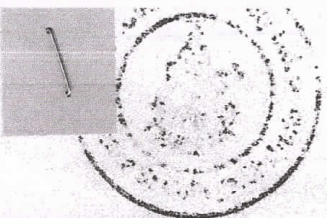
Phone:

Name: Mr. Ravindra Kashinath

Position: Director

organization: S.T. Co. Op Edu Soc. LTD Shahada

Date: \_\_\_\_\_



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

total rating scale - 68

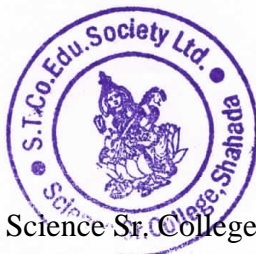
total parameter - 16

overall scale - 4.25

Response - v. happy

Concl - Employer is very happy for overall feedback

**IQAC Co-Ordinator**



Any other comment(s):

Would you like to recruit more S.T.Co.Op. student?

Yes

No

Would you refer us to other organization(s)?

Yes

No

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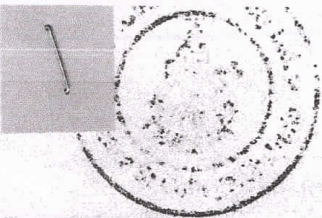
Phone:

Name: Ms. Manika S. Chaudhari Position: Director

Organization: S.T. Co. Op. Edu. Soc LTD Shahada

Date: \_\_\_\_\_





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<b>On a scale of 1 to 10 rate your overall satisfaction</b>									
1	2	3	4	5	6	7	8	9	10
How could our programs be improved? What specific comments do you have regarding the curriculum?									

total rating scale - 64

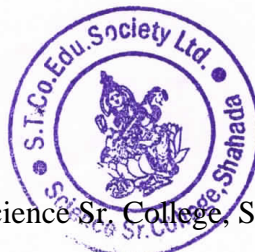
parameter - 16

overall scale - 4

Response - Happy

Concl - Employer is v. happy for overall feedback

**IQAC Co-Ordinator**



Any other comment(s):

Would you like to recruit more S.T.Co.Op. student?

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. If you would like staff to contact you to discuss any issues, please provide your contact number.

Phone:

Name: Mr. Satish Bhagwan Patil

Position: Director

Organization: S.T. Co-Op Educ. Soc. LTD Shahada

Date: \_\_\_\_\_

