



**DIRECTORATE OF INDUSTRIAL TRAINING (DIT)**  
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Document Title: Assessor Report

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### PART A: Assessment Details

Institution Assessed: \_\_\_\_\_ TEL No. \_\_\_\_\_ Date: \_\_\_\_\_

Occupation Assessed: \_\_\_\_\_ Number of Candidates: \_\_\_\_\_

### PART B: Assessment Remarks

S/N	Observation/ Evaluation	TICK		REMARKS
		Yes	No	
1	Adherence to the Timetable			
2	Adequacy of furniture and workstation			
3	Adequacy of equipment and tools			
4	Work place safety precautions in place			
5	Proper security/ storage of test items			
6	Any malpractices in assessment			
7	Was a co-assessor (e.g translator) needed			
8	Any other remarks- Please use additional sheets if needed:			

Assessment Carried out by: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Tel. \_\_\_\_\_

DIT/AC/F007. Assessor Report Form  
[www.dituganda.org](http://www.dituganda.org)

*...Promote employable skills*