

APPENDIX B
PROFESSIONAL PRACTICE EXAMINATION (PPE)
ADVISOR'S QUARTERLY ASSESSMENT OF PPE CANDIDATE

PPE Candidates's Name : _____

Date of Assessment : _____ Assessment Report No: _____

1.0 Practical Training Record

1.1 Site Investigation Experience

Good

Acceptable

Unacceptable

Comments : _____

1.2 Technical and Working Knowledge/Experience

Good

Acceptable

Unacceptable

Comments : _____

1.3 Tender Stage Experience

Good

Acceptable

Unacceptable

Comments : _____

1.4 Contract Experience

Good

Acceptable

Unacceptable

Comments : _____

1.5 Post – Completion Experience

Good

Acceptable

Unacceptable

Comments : _____

2.0 Range of Project

<input type="checkbox"/>	Good
<input type="checkbox"/>	Acceptable
<input type="checkbox"/>	Unacceptable

Comments : _____

3.0 Case Study and Critical Thinking Component

<input type="checkbox"/>	Good
<input type="checkbox"/>	Acceptable
<input type="checkbox"/>	Unacceptable

Comments : _____

4.0 Diligence/Attitude of Candidate

<input type="checkbox"/>	Good
<input type="checkbox"/>	Acceptable
<input type="checkbox"/>	Unacceptable

Comments : _____

5.0 Recommendation on Suitability of PPE Candidate to all for Professional Practice Examination

Comments : _____

6.0 Other Observations

Comments : _____

Advisor's Name

Advisor's Signature