

## TRAINEESHIP EVALUATION FORM

Student's name and surname:

Student ID number:

Traineeship period:

Receiving Organisation/Enterprise:

Attendancy to internship	0-10 points				
Evaluation ability	0-20 points				
Decision making skills	0-15 points				
Practical application skills	0-10 points				
Working discipline	0-10 points				
Report preparation	0-10 points				
Sense of mission and responsibility	0-10 points				
Group compatibility	0-10 points				
Dressing	0-5 points				
Number of days of unattendance (if any)		0	days	Total score:	
Supervisor's opinion:					

Supervisor at Receiving Organisation/Enterprise:

Date/Signature: