



## ASSESSMENT FORM FOR WORK PLACEMENT / *First month*

*This document has to be completed by the Tutor*

RECEIVING COMPANY	
Company Name:	Address:
Department of internship:	

PERSON IN CHARGE OF THE TRAINEE	
Name :	Position :
Phone :	Mail :

JOB DESCRIPTION OF THE TRAINEE	
Trainee :	JOB DESCRIPTION

### *Evaluation of the trainee*

Linguistic skills
<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor

Ability of integration into the company
<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor

Punctuality and order
<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor

Adherence to instructions
<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor

Quality of work
<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor



Effort to acquire new skills		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
Ability to adapt to new		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
Ability to work independently		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
Listening and communication skills		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
The trainee's collaboration is		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
Theoretical know-how		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
Practical knowledge		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
General assessment :		
Problems arisen (if applicable) :		
Stamp of the firm and signature of the reference person :		



## ASSESSMENT FORM FOR WORK PLACEMENT / *Third month*

*This document has to be completed by the Tutor*

RECEIVING COMPANY	
Company Name:	Address:
Department of internship:	

PERSON IN CHARGE OF THE TRAINEE	
Name :	Position :
Phone :	Mail :

<u>JOB DESCRIPTION OF THE TRAINEE</u>	
Trainee :	JOB DESCRIPTION

### *Evaluation of the trainee*

Linguistic skills
<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor

Ability of integration into the company
<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor

Punctuality and order
<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor

Adherence to instructions
<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor

Quality of work
<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor



Effort to acquire new skills		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
Ability to adapt to new		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
Ability to work independently		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
Listening and communication skills		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
The trainee's collaboration is		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
Theoretical know-how		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
Practical knowledge		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
General assessment :		
Problems arisen (if applicable) :		
Stamp of the firm and signature of the reference person :		



## ASSESSMENT FORM FOR WORK PLACEMENT / *One week before the end*

*This document has to be completed by the Tutor*

RECEIVING COMPANY	
Company Name:	Address:
Department of internship:	

PERSON IN CHARGE OF THE TRAINEE	
Name :	Position :
Phone :	Mail :

JOB DESCRIPTION OF THE TRAINEE	
Trainee :	JOB DESCRIPTION

### *Evaluation of the trainee*

Linguistic skills
<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor

Ability of integration into the company
<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor

Punctuality and order
<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor

Adherence to instructions
<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor

Quality of work
<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor



Effort to acquire new skills		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
Ability to adapt to new		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
Ability to work independently		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
Listening and communication skills		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
The trainee's collaboration is		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
Theoretical know-how		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
Practical knowledge		
<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor
General assessment :		
Problems arisen (if applicable) :		
Stamp of the firm and signature of the reference person :		