

(Optional)

EVALUATION FORM**1¹. Name of the practical training partner:** _____**Location:** _____**Period:** _____**2. Name of the monitored student:** _____**Faculty:** _____ **Specialization:** _____**3². Educational objectives** (to be reached during the internship):**4. Description of the topic of practical training and of the main types of activity/tasks** carried out by the student:**5. Competences** acquired through the internship:**6³. Tutor's assessment of the activity carried out by the student intern**

Criterion	Rating			
	Very good	Good	Satisfactory	Unsatisfactory
- The integration of the intern in the activity of the practical training partner (discipline, punctuality, responsibility while solving tasks, compliance with internal regulations, etc.)				
- Motivation				
- Creativity				
- Technical competences according to the demands of the place of practical training				
- Communication skills				
- Willingness to cooperate/work as a team				
- Completion of the work assignments given by the tutor				
- New criterion 1				
- New criterion 2				
- New criterion 3				
Final assessment				

Date:

Tutor,
Signature,
Telephone/e-mail (**Optional**)

Supervising teacher,
Signature,

¹ The student will fill in sections 1 and 2.² The student will fill in sections 3, 4 and 5 according to the practical training portfolio.³ The tutor will fill in section 6 at the end of the internship.