QUESTIONNAIRE ASSESSMENT OF CURRICULAR TRAINEESHIP Assessment by the Supervisor

1 – Identification of the trainee	
Name	Student number
Traineeship carried out from/ to/ to/	
2 – Host Entity Name of Entity:	
Address:	
Post Code:	
Telephone: NUT IIIMunici	ipality
District:	Tax payer number:
Main activity:	CAE:
3 – Identification of the Supervisor Name:	
Telephone: Mobile phone:	
E-mail:	
Main activity/ Position held in the entity:	

4 – Assessment of the trainee (1 out of 20)

Assess	Assessment Parameters	Mark
Personality / Professional profile	Attendance and punctuality	
	Sense of responsibility	
	Integration and interpersonal skills	
	Interest/motivation	
	Creativity/ Initiative	
	Openness to criticism	
98	Level of knowledge	
:nowledg	Critical thinking in problem analysis and resolution	
	Application of techniques and knowledge	
of k	Understanding and speed of execution of tasks	
Application of knowledge	Quality and progression of work	
	Autonomy	
	Good communication skills (oral and written)	
Overall a	Overall appreciation	
Average		



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5 – Strengths,	Weaknesses, Comments	
Date://	, The Supervisor	
	To be filled in by the Supervisor	
	I am aware of the above mentioned information.	