

QUESTIONNAIRE ASSESSMENT OF CURRICULAR TRAINEESHIP

Assessment by the Supervisor

1 – Identification of the trainee

Name _____ Student number _____

Traineeship carried out from ____/____/____ to ____/____/____

2 – Host Entity

Name of Entity: _____

Address: _____

Post Code: _____

Telephone: _____ NUT III _____ Municipality _____

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	
Application of knowledge	Level of knowledge	
	Critical thinking in problem analysis and resolution	
	Application of techniques and knowledge	
	Understanding and speed of execution of tasks	
	Quality and progression of work	
	Autonomy	
	Good communication skills (oral and written)	
Overall appreciation		
Average		

5 – Strengths, Weaknesses, Comments

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Date: __/__/____, The Supervisor _____

To be filled in by the Supervisor
I am aware of the above mentioned information.
Date: __/__/____ Signature: _____