ASSESSMENT OF THE STUDENT WORK PLACEMENT BY THE EMPLOYER

Trainee’s name: .................................................................................................................

Field of study: .................................................................................................................

Year of study: .......................................................................................................................

Mode: full-time/part-time *(delete as appropriate)*

Place of the student work placement: ..................................................................................................................

Duration of the student work placement/stage: ……………………………………………………………….

1. The trainee’s attitude towards the obligations under the student work placement plan/programme *(mark as appropriate)*:

PUNCTUAL UNPUNCTUAL

 RELIABLE UNRELIABLE

Comments: .......................................................................................................................................................................

1. Substantive preparation of the student for the implementation of the student work placement programme *(mark as appropriate)*:

VERY GOOD GOOD AVERAGE BAD VERY BAD

1. The trainee’s attitude towards the addressees of his activities (e.g. clients, co-workers, patients, students, pupils) *(mark as appropriate)*:

POSITIVE NEGATIVE

Problems identified: ...............................................................................................................................................

1. The trainee’s compliance with the comments/conclusions/recommendations made by the company student work placements supervisor *(mark as appropriate)*:

NEVER SELDOM ON AVERAGE OFTEN ALWAYS

1. Compatibility of the intended learning outcomes in the student work placement programme with the needs of the workplace *(mark as appropriate)*:

VERY BIG BIG MEDIUM SMALL VERY SMALL

1. Comments, observations, in particular on the student work placement programme:

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*(signature of the representative of the Institution or stamp)*