

Assessment by Internship Supervisor

As Internship Supervisor, I, the undersigned, (Complete in capital letters, please)				
[Internship Supervisor's Last Name, First Name]				
[Agency Name]				
Assess the student,				
[Last Name]				
[First Name]				
Assessment Criteria (Please tick the box of the appropriate opinion)	Excellent	Good	Pass	Poor
Professional knowledge :			T	T
⇒ Technical Abilities				
⇒ Theoretical Abilities				
Skills:				
⇒ Quality assurance and task completion: execute an assignment completely and properly, understanding quality				
⇒ Self-management and act independently				
⇒ Analysis and synthesis abilities				
⇒ Ability to take initiative and responsibility				
Attitudes :				
⇒ Commitment and punctuality				
⇒ Social behaviour, working in a group (attitude towards co-workers)				
How would you assess the potential of this trainee for integrating into the labour market?				
Would you recruit this student on a vacant position in your organization? (Yes / No)				
Internship Supervisor's Signature and Company Stamp	Student's Signature			
Dated	(If the trainee's sign	ature is not included	please explain why)	

Sincerely with our best thanks for your collaboration