

Feedback

to confirm the internship



Student's name

has completed her/his compulsory internship from _____ to _____.

Stamp of the company where the internship took place
(please don't forget to stamp the document)

Company's stamp (Name and address)

	Tasks Which tasks were assigned?	Introduction/Supervision Who introduced and supervised the trainee?
1.		
2.		
3.		

Criteria	Excellent	Good	Satisfactory	To be improved
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurateness and order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension and realization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pace of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care and autonomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Readiness for action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicative competence towards guests and clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further comments regarding the trainee (e.g.: social skills, particular strengths and weaknesses, etc.)

THANKS FOR YOUR FEEDBACK!

_____, _____
Place, Date

Company's feedback given by:

Name and signature