Feedback

# to confirm the internship

Student’s name

has completed her/his compulsory internship from       to      .

Company’s stamp

(Name and address)

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criteria** | **Excellent** | **Good** | **Satisfactory** | **To be improved** |
| Punctuality | [ ]  | [ ]  | [ ]  | [ ]  |
| Accurateness and order | [ ]  | [ ]  | [ ]  | [ ]  |
| Comprehension and realization | [ ]  | [ ]  | [ ]  | [ ]  |
| Pace of work | [ ]  | [ ]  | [ ]  | [ ]  |
| Care and autonomy | [ ]  | [ ]  | [ ]  | [ ]  |
| Readiness for action | [ ]  | [ ]  | [ ]  | [ ]  |
| Responsibility | [ ]  | [ ]  | [ ]  | [ ]  |
| Communicative competence towards guests and clients | [ ]  | [ ]  | [ ]  | [ ]  |
| Ability to work in a team | [ ]  | [ ]  | [ ]  | [ ]  |
| Other: | [ ]  | [ ]  | [ ]  | [ ]  |

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

# THANKS FOR YOUR FEEDBACK!

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Place, Date

Company’s feedback given by:

Name and signature