**FINAL EVALUATION FORM**

**OF THE WORK ACTIVITY RECOGNITION**

(to be filled in at the end of the recognition period

by the **company tutor indicated in the application**)

INTERN NAME …………………………………………………………………………………….

INTERN SURNAME ……………………………………………………………………………….

DEGREE COURSE …………………..………………………………………………………………

ECTS indicated to be recognized ….. …………... …….. …….. …….. …….. …….. ……………

COMPANY …………..………………………………………………………………………………

COMPANY TUTOR ………………………………………………………………………………..

Period evaluated for the recognition (225 hours) from…dd/mm/yyyy … to …..dd/mm/yyyy

*LEGEND:*

1. Insufficient (--)
2. To be improved (-)
3. Adequate (=)
4. Good (+)
5. Excellent (++)

| **Interest, participation and dependability** | **1** | **2** | **3** | **4** | **5** |
| --- | --- | --- | --- | --- | --- |
| **Ability to integrate** | **1** | **2** | **3** | **4** | **5** |
| **Quality of interpersonal relationships** | **1** | **2** | **3** | **4** | **5** |
| **Punctuality and regular attendance** | **1** | **2** | **3** | **4** | **5** |
| **Compliance with organizational procedures** | **1** | **2** | **3** | **4** | **5** |
| **Quality of work** | **1** | **2** | **3** | **4** | **5** |
| **Autonomy, reliability** | **1** | **2** | **3** | **4** | **5** |
| **Level of achievement of training objectives** | **1** | **2** | **3** | **4** | **5** |

Potential feedbacks or suggestions

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 Place and Date Stamp and Signature of the Company Tutor

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