

**INTERNSHIP EVALUATION**

**Space for the Intern**

Name and surname ……………………………………………………………………………………………

Host Organisation…………………………………………………...…………………………………………………

Supervisor at the host Organisation ……………………………………………………………………………...

Start date …………………………End date………………………………… Number of hours……….………………

**Space for the Supervisor at the Host Organisation**

1. Expected objectives according to the Training Agreement

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1. Have the objectives been realized?

(legend: b good, s satisfying, I not satisfying)

B □ S □ I □

1. Intern’s personal attitudes

Adaptability B □ S □ I □

Ability to relate B □ S □ I □

Teamwork skills B □ S □ I □

Interest and motivation in the activities B □ S □ I □

Comprehension of the tasks B □ S □ I □

Autonomy B □ S □ I □

Organisation skills B □ S □ I □

Overall experience results B □ S □ I □

The activity is approved according to the Training Plan agreed by the parts on (date) \_\_\_\_\_\_\_\_\_\_\_

Date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor at the Host Organisation Study Program Coordinator or Supervisor

(Company stamp and signature)

……………………………….. ………………………………..

This evaluation form, completed at the end of the internship, must be sent to the Internship Office of the Political and Legal Science Department, together with the daily register, the final report and the liking test.