

*By the host organisation/company*

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| --- |
| Trainee/Apprentice |

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Phone |  | Fax |  |
| Sending company |  | Country | AUSTRIA |

|  |  |  |  |
| --- | --- | --- | --- |
| Traineeship | | | |
| Start | DD.MM.YYYY | End | DD.MM.YYYY |
| Tasks during the Traineeship (Acquired knowledge, skills and competences) | | | |
|  | | | |
| Person who is responsible for the assessment of learning performance | | | |
| Name |  | | |
| Function |  | | |
| Date of Review |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Performance of the student / apprentice | | | | | | |
| *Placement/Assignment* | | **+ +** | **+** | **+/-** | **-** | **- -** |
|  | Applicability of knowledge and results to the needs of the host organisation |  |  |  |  |  |
|  | Methods of working while performing the assignment |  |  |  |  |  |
|  | Results |  |  |  |  |  |
| *Attitude towards work* | |  |  |  |  |  |
|  | Independence |  |  |  |  |  |
|  | Initiative |  |  |  |  |  |
|  | Responsibility |  |  |  |  |  |
|  | Involvement |  |  |  |  |  |
|  | Speed of work |  |  |  |  |  |
|  | Planning |  |  |  |  |  |
| *Social skills* | |  |  |  |  |  |
|  | Contact with colleagues |  |  |  |  |  |
|  | Contact with senior staff |  |  |  |  |  |
|  | Contact with external people |  |  |  |  |  |
|  | Adaptability to organisational rules |  |  |  |  |  |
|  | Student’s capacity to adapt to the organisation and local culture |  |  |  |  |  |
| *Personal qualities* | |  |  |  |  |  |
|  | Flexibility |  |  |  |  |  |
|  | Creativity |  |  |  |  |  |
|  | Criticism towards own work |  |  |  |  |  |
|  | Willingness to revise own work or attitude |  |  |  |  |  |
|  | Persuasiveness |  |  |  |  |  |
|  | Ability to handle work pressure |  |  |  |  |  |
| *Benefit for the Company* | |  |  |  |  |  |
|  | Transfer of new technologies/know how |  |  |  |  |  |
|  | Solution of an existing problem |  |  |  |  |  |
|  | other benefits |  |  |  |  |  |
| *Valuation Result* | | | | | | |
|  | | | | | | |
| *Additional remarks* | | | | | | |
|  | | | | | | |
| ***DATE Signature of person responsible / Company stamp***  *DD.MM.YYYY* | | | | | | |