# FORM FOR EVALUATION OF THE TRAINEE

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| **Trainee´s Name**: |  |
| Company´s Name: |  |
| Supervisor´s Name: |  |
| Internship Area: |  |
| Internship Period: |  |
| Internship Duration: |  |

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| **CONSIDERED ASPECTS**  **Use field “Complementary Information” if necessary.** | CONCEPTS | | | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **1. Knowledge –** Level of knowledge demonstrated in the performance of the theoretical and practical activities. |  |  |  |  |  |  |  |  |  |  |
| **2. Questioning spirit –** Disposal demonstrated in the learning of new knowledge. |  |  |  |  |  |  |  |  |  |  |
| **3. Initiative –** Autonomy in the performance of its activities. |  |  |  |  |  |  |  |  |  |  |
| **4. Creativity –** Capacity to find new and better forms in the performance. |  |  |  |  |  |  |  |  |  |  |
| **5. Application in the Work –** Capacity to remain himself busy and concentrated in the tasks. |  |  |  |  |  |  |  |  |  |  |
| **6. Interest –** Attention to the problems related with his tasks inside of the Sector of performance. |  |  |  |  |  |  |  |  |  |  |
| **7. Cooperation –** Disposal to assist colleagues, without damage in the execution of his tasks . |  |  |  |  |  |  |  |  |  |  |
| **8. Timing –** Fulfillment of the period of training schedule and absence of lacks. |  |  |  |  |  |  |  |  |  |  |
| **9. Responsibility –** Attention for the course of the tasks of its área of activity. |  |  |  |  |  |  |  |  |  |  |
| **10. Sociability –** Concern with the personal presentation and capacity of general relationship. |  |  |  |  |  |  |  |  |  |  |

##### Average: \_\_\_\_\_\_\_\_\_

**Complementary Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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(Place and Date) (Signature of Supervisor)