

## TRAINEE EVALUATION REPORT BY COLLABORATING ORGANISATION SUPERVISOR

### STUDENT DETAILS

Full name of the Trainee:

Degree / Master Programme:

### COLLABORATING ORGANISATION

Collaborating organisation:

Full address:

City and post code:

Country:

Website:

Business sector of the collaborating organisation:

Supervisor's / Mentor's full name:

Position:

Phone:

Email:

### TRAINEESHIP PERIOD (START AND END)

From     /     /     (dd/mm/yyyy)     to     /     /     (dd/mm/yyyy)

### TRAINEE EVALUATION

Traineeship Title: *(Position of the trainee)*

Department:

### Tasks

Please evaluate your level of satisfaction with the main traineeship tasks: (1= low and 5= high).  
If possible, refer to the tasks listed in the traineeship agreement.

| Tasks | Task description | 1 | 2 | 3 | 4 | 5 |
|-------|------------------|---|---|---|---|---|
| 1     |                  |   |   |   |   |   |
| 2     |                  |   |   |   |   |   |
| 3     |                  |   |   |   |   |   |
| 4     |                  |   |   |   |   |   |
| 5     |                  |   |   |   |   |   |

Other comments:

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### General competences

Please evaluate your level of satisfaction with the trainee's general competences (learning outcomes achieved):  
(1= low and 5= high)

| General competences                | 1 | 2 | 3 | 4 | 5 |
|------------------------------------|---|---|---|---|---|
| Technical capacity                 |   |   |   |   |   |
| Planning and organisational skills |   |   |   |   |   |
| Teamwork skills                    |   |   |   |   |   |
| Oral communication skills          |   |   |   |   |   |
| Adaptability                       |   |   |   |   |   |
| Creativity                         |   |   |   |   |   |
| Initiative and autonomy            |   |   |   |   |   |
| Quality of work                    |   |   |   |   |   |
| Critical skills                    |   |   |   |   |   |
| Punctuality                        |   |   |   |   |   |
| Motivation                         |   |   |   |   |   |
| Sense of responsibility            |   |   |   |   |   |
| Receptiveness to criticism         |   |   |   |   |   |
| Workplace relations                |   |   |   |   |   |

Other comments:

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### Specific competences

Please evaluate your level of satisfaction with the trainee's specific competences: (1= low and 5= high).  
If possible, refer to the specific competences listed on the traineeship agreement.

| Specific competences | 1 | 2 | 3 | 4 | 5 |
|----------------------|---|---|---|---|---|
|                      |   |   |   |   |   |
|                      |   |   |   |   |   |
|                      |   |   |   |   |   |
|                      |   |   |   |   |   |
|                      |   |   |   |   |   |

Other comments:

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### Aspects to improve

Please describe aspects that the trainee should improve, if it is the case.

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**Overall evaluation**

1 2 3 4 5 6 7 8 9 10

Student's overall grade

Is your organisation interested in hosting future UVic -UCC trainees?

Yes  No

If YES, would you agree to UVic-UCC promoting your organisation as a possible placement centre?

Yes  No

Signatory's name:

Position:

Date:

Stamp and Signature:

**Other comments:**