

ASSESSMENT FORM

*To be completed by the internship tutor,
And returned to the referent instructor
One week before the end of the internship*

Last name / First name of the TRAINEE: _____

E-mail address of the INTERNSHIP TUTOR: _____

E-mail address of the REFERENT INSTRUCTOR: _____

Host organization: _____

	Below expectations	Over expectations	Important criteria *
• APTITUDE FOR APPLYING ACQUIRED KNOWLEDGE	----- ----- ----- ----- -----		
• CAPACITY FOR SYNTHESIS AND ANALYSIS	----- ----- ----- ----- -----		
• APTITUDE FOR PROPOSING SOLUTIONS	----- ----- ----- ----- -----		
• WRITTEN SKILLS	----- ----- ----- ----- -----		
• ORAL SKILLS	----- ----- ----- ----- -----		
• ENGLISH SKILLS	----- ----- ----- ----- -----		
• ORGANIZATIONAL ABILITY	----- ----- ----- ----- -----		
• AUTONOMY / INITIATIVE	----- ----- ----- ----- -----		
• INTERPERSONAL RELATIONSHIP SKILLS	----- ----- ----- ----- -----		
• ABILITY TO WORK IN A TEAM	----- ----- ----- ----- -----		
• ABILITY TO QUESTION, TO BE CHALLENGED	----- ----- ----- ----- -----		
• Other (to specify)	----- ----- ----- ----- -----		

**Please, Highlight the most relevant criteria with a cross*

Acquired skills :

Additional comments, as needed:

OVERALL ASSESSMENT : Please, mark with a cross			
<input type="checkbox"/> Inadequate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good

Date :

INTERNSHIP TUTOR Name and title of signee :	Signature :	Stamp of the host organization :
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