

PERSONAL ASSESSMENT REPORT (BY STUDENT)

1. Student Details

Student name / surname:

Company / Organization:

Name of person responsible on behalf of company/organization:

.....

Name of Academic Internship Representative:

Date:

	Yes	Partly/ Maybe	No
Have the technical skills required in your specialty been improved through the internship?			
Justify your answer			

	Yes	Partly/ Maybe	No
Have the creative skills required in your specialty improved through the internship?			
Justify your answer			

--

	Yes	Partly/ Maybe	No
Have you gained experiences which, in your opinion, will contribute substantially to the practice of your specialty?			
Justify your answer			

	Yes	Partly/ Maybe	No
Have you gained experiences in teamwork within a professional context?			
Justify your answer			

	Yes	Partly/ Maybe	No
Do you think that your oral and written communication skills have improved to a professional level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justify your answer			

	Yes	Partly/ Maybe	No
Did you encounter any problems with your employer or in your workplace in general during the internship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If YES then explain in a few words			

	Yes	Partly	No
Have you been given autonomous tasks during the internship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional comments regarding your internship which are not included above (optional)

Student
Signature

Date
