



ASSESSMENT FORM

certifying the completion of an obligatory internship/work experience

Name of student _____

did his/her internship/work experience in the period from _____ to _____ .

Stamp of the establishment:
(Obligatory!!!)

Stamp (Name and Address)

The student worked in the following departments:

- 1) _____ from _____ to _____
- 2) _____ from _____ to _____
- 3) _____ from _____ to _____

What tasks did the student have to fulfill?

Who instructed/monitored the student?

- 1) _____
- 2) _____
- 3) _____

- _____
- _____
- _____

	excellent	good	satis- factory	poor
	(tick the appropriate box)			
Punctuality:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Order and Cleanliness:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of Tasks:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking care and working independently:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pace at work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diligence:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with guests:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with colleagues:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State of training of the student

Did the student show a conscientious use of food, tools and utensils?

yes

partly

no

Did the student come up to your expectations?

yes

partly

no

Could there be seen a positive development of the skills of the student in the course of the internship/work experience?

yes

partly

no

Did the school education and training of the student meet your expectations?

yes

partly

no

If this is not the case, what changes would you suggest for the training offered at our institution?
What parts should be paid more attention to?

Any special remarks on the trainee (e.g.: team spirit, specific abilities/skills or weaknesses? etc.)

_____ , _____

(Place, date)

Signature of the assessor/person in charge