

REPORT OF THE TRAINING INSTITUTION

Training Institution: _____

Supervisor's Full Name: _____

Student's Full Name: _____

Period of Practical Traineeship: _____

Brief Description of the Content of the Practical Traineeship:

Please complete the following questionnaire:

1. Evaluate the background of the student in performing his/her Practical Traineeship?

Very low

Low

High

2. How familiar was the student with the laboratory practice and/or the usage of PC?

Not at all

A little

A lot

3. Was the student consistent with his/her tasks as a trainee?

Not at all

Not so much

Yes

4. Please give a frank overall account concerning your cooperation with the student?

Inefficient

Moderately efficient

Efficient

Comments and Remarks:

WEEKLY TIME SHEET

	Description of the performed work
1 st week (from .../.../201... to .../.../201...)	
2 nd week (from .../.../201... to .../.../201...)	
3 rd week (from .../.../201... to .../.../201...)	
4 th week (from .../.../201... to .../.../201...)	
5 th week (from .../.../201... to .../.../201...)	
.....	
.....	

Date: .../.../201...

The Supervisor

(signature and stamp of the institution of reception)