

INTERNSHIP EVALUATION FORM

CEFAM / 47 rue Sergent Michel Berthet - CP 606 - 69258 Lyon cedex 09 - France / Tel : +33 4 72 85 72 12 / Fax - +33 4 72 85 72 13

	Student :	First name :		Last name :			
		Dates of the internship: (DD/MM/YY) :					
	Company Name:			From :	To :		
	Address:						
	Internship Supervisor:						
	Title:			To be returned before:			
	Name & Title of	the person who signs this document:					
	E-mail:			by fax +33	ne PETELET (4) 72 85 72 13		
	Tel:				y e-mail elet@cefam.fr		

Specific Tasks Completed	Comments

Evaluation of personal capabilities										
Positive points / Student's strengths:										
r										
Points to be improved / Student's weaknesses:										
Personal abilities:										
Legends: $A = Excellent - B = Satisfactory - C = Acceptable - D = Unsatisfactory - F = Very Unsatisfactory$										
	А	В	С	D	F					
Adaptability	11	D		D	1					
Punctuality										
Team skills										
Autonomy										
Persuasiveness										

Grade: / 100 Please indicate the grade you would give the student for overall performance.

Date (DD/MM/YY):

Dress habits and grooming

Signature:

Space reserved for CEFAM administration:

Returned on:

Comments:

Company Stamp:

Would you be interested in having a CEFAM student next year? Yes No

Please, click on: www.cefam-ejobs.com to offer internships and jobs to CEFAM students and alumni.

