

## INTERNSHIP EVALUATION FORM

Last name:

Dates of the internship: (DD/MM/YY):

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:

Company Name:

First name:

Address:	From: To:
Internship Supervisor:	
Title:	To be returned before:
Name & Title of the person who signs this document:	
E-mail:	To : Karine PETELET by fax +33 (4) 72 85 72 13
Tel:	or by e-mail karine.petelet@cefam.fr
Specific Tasks Completed	Comments

Evaluation of personal capabilities							
Positive points / Student's strengths:							
Points to be improved / Student's weaknesses:							
Daysanal abilitias							
Personal abilities:							
<b>Legends:</b> $A = Excellent - B = Satisfactory - C = Accept$	able - <b>D</b> = U	Jnsatisfacto	$ory - \mathbf{F} = \mathbf{V}$	ery Unsatis	sfactory		
	A	В	С	D	F		
Adaptability							
Punctuality							
Team skills							
Autonomy							
Persuasiveness							
Dress habits and grooming							
Crodo: /100							
Grade: / 100 Please indicate the grade you would give the stu	ident for o	verall per	formance	e.			
Date (DD/MM/YY):	Space re	Space reserved for CEFAM administration:					
Signature:	Returne	Returned on:					
	Comments:						
Company Stamp:							
Would you be interested in having a CEFAM stud	dent next	year?					

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.

