

## ASSESSMENT OF TRAINEE

**Name of company :**

**Manager's first and last names :**

**Industry :**

**Manager's email address :**

**Address :**

**Tutor's first and last names :**

**Tutor's position :**

**Phone number :**

**Tutor's email address :**

**Student's first and last names :**

**WORKPLACEMENT :**

**First year**

**Second year**

**From**

**to**

Elements to be assessed	ASSESSMENT				
	very good	good	rather good	not good	not good at all
Integration within the team					
Punctuality					
Energy/Enthusiasm					
Interpersonal and teamworking skills					
Ability to listen to observations and take them into account					
Ability to follow instructions					
Responsiveness					
Ability to adapt to new situations					
Quality of work provided					
Ability to work fast					
Overall progress					

**Comments (optional) :**

Date

Stamp and manager's and/or tutor's signature