Student evaluation of practical training

Surname, name: ....

Student ID number: ....

Supervisor: ....

Semester: .... Field of study: ....

Please circle the corresponding grade using the following grading scale:

Excellent - 1 , 2 , 3 , 4 , 5 - Poor.

Evaluation criteria	Grade
Conditions for practical training created by the organization (professional, working, others)	1 2 3 4 5
Supervisor´s attitude towards student	1 2 3 4 5
Other workers´ attitude towards student	1 2 3 4 5

During my practical training, I encountered the following problems:

....

....

....

....

Which knowledge or skills did you lack most during your practical training?:

....

....

....

....

The main benefit(s) of the practical training included (tick ✓):

☐ Improving my expertise
☐ Establishing new contacts
☐ Verification of my theoretical knowledge in practice
☐ Confirmation of having chosen the right field of study
☐ Language skills

☐ others – please specify: ....

Would you recommend other students to have their practical training in this organization?

Y E S - N O

Why?

....

....

....

....

Did the practical training enabled you to have a closer contact with the organization (part-time / temporary job, offer of further professional cooperation, job or scholarship offer, etc.)

How?

....

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....

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Other comments:

....

....

....

....

By my signature below, I hereby confirm that I have filled the Records of Work Experience in the ITB Information system in accordance with the Regulation No. 14/2016 – Practical training.

In České Budějovice, on: ....

Student´s signature