**Student Internship Course and Evaluation**

|  |  |
| --- | --- |
| **First name, last name** |  |
| **Study Program/Specialization** |  |
| **Internship start date** |  |
| **Internship end date** |  |

|  |  |
| --- | --- |
| **Name and address of the department/agency of the internship** |  |
| **Full name of internship manager/contact person** |  |
| **Phone and email for internship manager/contact person** |  |
| **Internship job position/role** |  |

**As part of the internship, the student was responsible for the following activities/duties:**

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| --- |
|  |

**Evaluation of the Student’s Work Performance**

*On a scale of 1 to 5, please mark the rating that best describes the student in each of the following statements:*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **The student approached assigned activities actively and independently** | | | | | | | |
| Very willingly and actively | | Moderately | | Reluctantly, passively | | | |
| 1 | 2 | 3 | 4 | 5 | |  | |
| **During the assigned activities, the student showed reliability and punctuality** | | | | | | | |
| Always | | Partially | | Unreliable | | | |
| 1 | 2 | 3 | 4 | 5 | |  | |
| **The student was communicative** | | | | | | | |
| Always | | Partially | | Insufficiently | | | |
| 1 | 2 | 3 | 4 | 5 | |  | |
| **The quality and presentation of the work produced** | | | | | | | |
| Excellent | | Sufficient | | Insufficient | | | |
| 1 | 2 | 3 | 4 | 5 | |  | |
| **The student’s knowledge and skill levels based on their year of study** | | | | | | | |
| Excellent | | Sufficient | | Insufficient | | | |
| 1 | 2 | 3 | 4 | 5 | |  | |
| **The student contributed creative and critical thinking and solutions** | | | | | | | |
| Very willingly and actively | | Moderately | | Reluctantly, passively | | | |
| 1 | 2 | 3 | 4 | 5 | |  | |
| **The student showed the ability to learn new skills** | | | | | | | |
| Very willingly and actively | | Moderately | | Reluctantly, passively | | | |
| 1 | 2 | 3 | 4 | 5 | |  | |
| **General theoretical/academic knowledge of marketing** | | | | | | | |
| Excellent | | Sufficient | | Insufficient | | | |
| 1 | 2 | 3 | 4 | 5 | |  | |
| **General practical/professional knowledge of marketing** | | | | | | | |
| Excellent | | Sufficient | | Insufficient | | | |
| 1 | 2 | 3 | 4 | 5 | |  | |
| **The student practiced their academic knowledge during the internship** | | | | | | | |
| Excellently | | Sufficiently | | Insufficiently | | | |
| 1 | 2 | 3 | 4 | 5 | |  | |
| **The student practiced their professional knowledge during the internship** | | | | | | | |
| Excellently | | Sufficiently | | Insufficiently | | | |
| 1 | 2 | 3 | 4 | 5 | |  | |
| **Which of the student’s skills were the most important to you?** | | | | | | | |
|  | | | | | | | |
| **Which of the student’s skills were missing or need the most improvement?** | | | | | | | |
|  | | | | | | | |
| **Additional comments about the student or the overall internship experience:** | | | | | | | |
|  | | | | | | | |
| **Potential involvement or employment of the student in the future?** | | | | | **YES** | | **NO** |

**Statement of Student's Work**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Number of hours worked** | **Description of student’s activities/duties** | **Manager’s signature** |
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| **Total number of hours worked** | |  |  |

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Student's signature Agency / Firm stamp

Commissioner’s Signature

**Thank you very much for your cooperation.**