

WORKPLACE SUPERVISOR'S REPORT FOR WORK EXPERIENCE PLACEMENT

Please complete the following form and return by post, fax or email to the contact address provided. The information contained in this report will be used as part of the student's final assessment.

Name of supervisor: _____

ID Number: _____

Appointed by (Company/Institution): _____

Report of work undertaken as part of work experience placement by the student:

Surname, name: _____

ID Number: _____

Faculty/School: _____

Degree programme: _____

Work placement period (start/end dates): _____

Total number of hours worked: _____

I certify that the work undertaken by the student during the placement period was in keeping with the terms of the learning and training project and hereby submit the following assessment of his/her performance during that time:

EXCELLENT VERY GOOD GOOD AVERAGE UNSATISFACTORY

Quality of prior learning

Fulfilment of duties and work timetable

Initiative

Level of effort

Quality of work

Problem-solving ability

Level of skills demonstrated

Involvement and engagement with company/institution

NOTES AND COMMENTS:

Additional pages attached

A Coruña,

Signed: _____

DEAN OF THE FACULTY/SCHOOL OF _____