



FINAL CERTIFICATION OF TOTAL WORKING HOURS

The following is to certify that the student.....
born inon
matriculated at the Department of Economics and Management of Padua,
was involved in an internship located in
.....

from to for a total amount ofhours.

Date and Place,

Mentor's signature
(and Host Company official stamp)



INTERNSHIP EVALUATION FORM

*This form should be filled by the Mentor and should take into account the trainee's experience as a whole.
We kindly advise you to read this form at the beginning of the internship period and share with the student the elements that should be used later for the evaluation.*

The information included in this form will be considered by the Faculty for the final evaluation of the trainee's experience.

At the end of the internship, both this form and the attendance record should be put in a sealed envelope with the official stamp of the Host Company.

The trainee must personally bring the envelope to the Faculty.

First name and surname of the trainee _____

Full name of the Host Company _____

Internship department _____

First name and surname of the Mentor _____

Mentor's job title _____

Internship period from _____ to _____

Real duration of internship period: total months _____ total hours _____

Performed activities/brief description of the project/challenges faced by the trainee

EVALUATION ELEMENTS

Relationship and behavioural skills	Insufficient	Satisfactory	Good	Excellent
Punctuality/Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility/Functional capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills/Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation/Ability to listen and learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Professional skills	Insufficient	Satisfactory	Good	Excellent
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evolution and progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribution towards set project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FINAL EVALUATION

	Insufficient	Satisfactory	Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please state here any other aspects of the trainee's performance you would like to highlight

date

Mentor's signature
(and Host Company official stamp)