Dear Official;

Thank you for providing our student with the opportunity to receive practical training at your company.

Your opinions about our student are important to us so that we can comprehensively evaluate the practical training the student has received at your institution. The questions in the form are designed to measure our student's performance, and any additional thoughts you deem appropriate will also help us.

It is very important for the validity and reliability of the data that your evaluation is **based on your own personal observations and perceptions**. Therefore, do not be emotional during your evaluation. It is recommended that this form be filled out by your staff member who supervises the student during his/her practical training. The completed and approved form is requested to be sent to our unit in a sealed envelope with the student or by mail.

|  |  |
| --- | --- |
| Name of the institution |  |
| Address |  |
| Phone number |  |
| E-mail |  |
| Fax |  |

|  |  |
| --- | --- |
| Student's Name/ Surname |  |
| Phone number |  |
| E-mail |  |
| Type | □ Compulsory Internship□ Optional internship□ Practical training in company□ Compulsory Applied Training |
| Date Range | ....../..…/….…. - ..…./..…/…….. |

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| **EVALUATION OF THE STUDENT WHO IS TAKING APPLIED TRAINING** |
| For each statement below, | **Very good** | **Good** | **Sufficient** | **Weak** | **Very weak** |
|  **5-Very Good 4-Good 3-Adequate 2-Weak 1-Very Weak** |
| Please indicate your opinion by marking only one of the five options. |
| **To what extent is our Applied Training student successful in learning and applying the skills and abilities listed below?** |
| 1. Determining and implementing goals and objectives |   |   |   |   |   |
| 2. Ability to complete the given task on time |   |   |   |   |   |
| 3. Using her/his time effectively |   |   |   |   |   |
| 4. Ability to put into practice what is learned in class |   |   |   |   |   |
| 5. Level of knowledge about the studies |   |   |   |   |   |
| 6. Willingly accepting assigned tasks |   |   |   |   |   |
| 7. Desire to learn, openness to knowledge |   |   |   |   |   |
| 8. Desire to take responsibility |   |   |   |   |   |
| 9. Ability to solve problems encountered |   |   |   |   |   |
| 10. Ability to convey opinions and knowledge |   |   |   |   |   |
| 11. Ability to work in teams |   |   |   |   |   |
| 12. Relationships with friends |   |   |   |   |   |
| 13. Acceptance of the workplace |   |   |   |   |   |
| 14. Knowledge of foreign languages |  |  |  |  |  |
| 15. Overall rating |  |  |  |  |  |
| 16. Your desire to employ our student in your institution upon graduation. |  |  |  |  |  |
| Please state the four most important things that our students need to acquire during their education and training to be more useful in your line of work.1-………………………………………………………………… 3-………………………………………………………… 2-………………………………………………………………… 4-………………………………………………………… |

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| **EXTERNAL STAKEHOLDER OPINIONS** |
|  | **I totally agree** | **I agree** | **Partially Agree** | **I disagree** | **I Strongly Disagree** |
|  |
|  |
| 1. I know your faculty / college / vocational school from before.
 |   |   |   |   |   |
| 1. I employ graduates of your school / department in our business.
 |   |   |   |   |   |
| 1. I can reach your school administration whenever I want.
 |   |   |   |   |   |
| 1. I can reach the academic staff of your school whenever I want.
 |   |   |   |   |   |
| 1. When I consider the needs of the sector, the number of graduates your school has produced is sufficient.
 |   |   |   |   |   |
| 1. I would like your department to organize industry-specific training/courses/certification programs.
 |  |  |  |  |  |
| 1. I would like the results of the research conducted in your department to be shared with the sector.
 |  |  |  |  |  |
| 1. I would like your department to share its research infrastructure (laboratory, equipment, expert personnel) with the industry.
 |  |  |  |  |  |
| 1. The employment of your students as interns in the sector should be expanded.
 |  |  |  |  |  |
| 1. Meetings should be organized where industry representatives share their knowledge and experiences with students.
 |  |  |  |  |  |
| 1. I would like to support the organization of career days for students, where the participation of the sector will be ensured.
 |  |  |  |  |  |
| 1. I would like to contribute to the preparation of lesson plans in your department.
 |  |  |  |  |  |
| 1. I would like to attend classes in your department as a guest lecturer.
 |  |  |  |  |  |
| 1. I would like to be on the advisory board of your department.
 |  |  |  |  |  |

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| **EVALUATION NOTE:** (Evaluate the student out of 100 points) |  |

Employer/Workplace Approval

Date:

Signature: