

Feedback form

Ferial practice 20 ----

Практикант		
Class		
Department	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Service
	<input type="checkbox"/> Reception	<input type="checkbox"/> Travel agency
	<input type="checkbox"/> Another area:	
Trainer		
Company address	(Stamp)	

Topics	(School Assessment System)	5	4	3	2	1
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Timely arrival at work					
Personal appearance					
Kindness					
Team work					
Confidentiality					
Motivation					
Interest in assigned tasks					
Professional competence (to keep an eye on the year of education)					
Dealing with inventory and materials					
Identification with the firm					
TOTAL ASSESSMENT					

Personal Remarks	
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Will you receive in your company in the next 20 --- year student from our school?	O YES	O NO
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Date: Signature:

Year-----

Class-----

Student's report

FERIAL PRACTICE

REPORT 20---

01	Surname	Name
	Post code Place	Street

02	COMPANY	Name	
		Post code	Place
		Street	
		Tel.	
		Fax	

03	DEPARTMENT		from	till
		Kitchen		
		Servicing		
		Reception		
		Other		

04	MENTOR	Name	
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05	WORKING TIME	Weekly	
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06	FREE DAYS	Number/week	
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07	Overnight hours	<input type="radio"/> Yes	<input type="radio"/> Voluntary
		<input type="radio"/> No	<input type="radio"/> Against his own will

08	REMUNERATION	Time:	Amount:
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09	CARE	Evaluate with X	5	4	3	2	1
		Food					
		Accomodation					
		Education					
		Atmosphere in the firm					
		Total impression					

10	NOTES	
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Signature of the student.....

To the ferial practice coordinator/teacher