



Assessment instruments – work related competences

Evaluation of the internship by the company

Students name:

Company:

Name and position of the company instructor:

Date of internship:

THEME-Matrix X

Competence area:

Competence area X

Competence development step/Unit of learning outcomes:

Competence development step X

Learning outcome / Partial Competence:	Excellent	Good	Sufficient	To be improved
Learning outcome / Partial Competence X				
Learning outcome / Partial Competence X 1				
Learning outcome / Partial Competence X 2				

Comments of assessor:				

City and date

signature and stamp

