

Berufliche Oberschule Traunstein
 Staatliche Fachoberschule und Berufsoberschule

Technik • Wirtschaft/Verwaltung • Sozialwesen

Staatliche FOS/BOS • Wasserburger Str. 48 • 83278 Traunstein

TEL 00 49 861 / 20 92 79-0
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Work Placement Evaluation

Student

Surname	First Name	Student No.

Receiving Institution

Name	
Address	
Telephone	E-Mail

Duration of Work Placement

Start Date of Work Placement	End Date of Work Placement

Evaluation

	excellent	fail	n/a
1. Understanding organisational goals and organisational structure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
2. Positive attitude towards work	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
3. Reliability und punctuality	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
4. Use of initiative	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
5. Ability to work efficiently	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
6. Communication skills	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
7. Teamwork	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
8. Overcoming difficult situations	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
9. Developing professional relationship to clients	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>

Other comments (please turn over) Yes No

Date Supervisor's Signature

