

**TO BE PRINTED ON ORIGINAL CARD OF THE HOST COMPANY/BODY
signed and stamped**

Delete SECTION in red.

FINAL INTERNSHIP CERTIFICATE

STUDENT SURNAME FIRST NAME PHONE

ID NUMBER DEGREE COURSE

HOST COMPANY NAME ADDRESS CITY

INTERNSHIP START DATE INTERNSHIP END DATE TOTAL HOURS DONE (25 HOURS = 1 CFU)

HAS COMPLETED HIS CURRICULAR DIDACTIC INTERNSHIP IN ACCORDANCE WITH THE STUDY PLAN.

SKILLS	TICK BOXES	SUM OF POINTS		
BASIC KNOWLEDGE IN ACCESS	<ul style="list-style-type: none"> <input type="checkbox"/> KNOWLEDGE OF THE SUBJECT <input type="checkbox"/> KNOWLEDGE OF THE ROLE <input type="checkbox"/> INSTRUMENTAL KNOWLEDGE <input type="checkbox"/> LINGUISTIC SKILLS 	/4		
SKILLS	<ul style="list-style-type: none"> <input type="checkbox"/> INTERPERSONAL RELATIONSHIP <input type="checkbox"/> ATTITUDE TO WORK <input type="checkbox"/> ADAPTATION TO THE WORK CONTEXT <input type="checkbox"/> PROBLEM-SOLVING 	/4		
BEHAVIOUR	<ul style="list-style-type: none"> <input type="checkbox"/> AVAILABILITY <input type="checkbox"/> PUNCTUALITY <input type="checkbox"/> PRECISION <input type="checkbox"/> PARTICIPATION 	/4		
OUTPUT RESULTS	<ul style="list-style-type: none"> <input type="checkbox"/> FULFILLMENT OF ASSIGNED TASKS <input type="checkbox"/> INCREASE KNOWLEDGE AND ACQUISITION OF SKILLS <input type="checkbox"/> WORKING POTENTIAL <input type="checkbox"/> PROPOSITIONAL POTENTIAL 	/4		
0-2	3-5	6-9	10-13	14-16
INSUFFICIENT	SUFFICIENT	GOOD	VERY GOOD	EXCELLENT

Short description of the activity carried out:

EMPLOYMENT IN COMPANY/ENTERPRISE no | yes from WITH CONTRACT TYPE

Date.....

Signature and stamp of Company Manager

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