

(To be filled out by the Internship Supervisor and sent to INATEL right after the end of the internship, in sealed envelope or by mail).

Name of the Intern: _____

Name of the Company: _____ Area/Section: _____

Period of Internship: from ___/___/___ to ___/___/___

Number of hours effectively carried out: _____

Evaluation

Items	Excellent <u>10</u>	Very good <u>8</u>	Good <u>6</u>	Regular <u>4</u>	Fair <u>2</u>
Necessary skills to do the activities					
Cooperation: disposition to answer the requests promptly					
Performance, achievement and quality of work					
Commitment, monitoring and controlling of his/her activities					
Disposition to learn					
Problem analysis and search for innovative solutions					
Assiduousness and punctuality					
Communication skills					
Interpersonal relationship					
Discipline according to the internal rules					

Evaluation done by: _____

The intern developed the following activities:

Date: ___/___/___

Company stamp

Supervisor's signature