

Assessment sheet

and confirmation of internship for

(First and last name of student)

of Tourismusschulen Semmering

from _____ to _____

Internship completed at (Stamp):

Student was assigned to:

_____ from _____ to _____

_____ from _____ to _____

Which tasks were assigned to the student?

Who was charged with the training and supervision of the student?

<i>Please tick:</i>	excellent	good	satisfactory	inadequate
Punctuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tidiness and accuracy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apprehension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care and autonomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pace of work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diligence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contact with the guests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contact with colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional remarks regarding student's community spirit, ability to work in a team, skills, strengths etc.:

Place: _____ Date: _____

Signature of assayer