**COLLABORATING INSTITUTION/COMPANY**

|  |
| --- |
| Name of collaborating institution/company: |
| Location: |
| Starting date: | Completion date: |
| Total number of hours worked: |

**STUDENT:**

|  |
| --- |
| First name and surnames: |
| Identity card number: |
| Degree:  |

**SUPERVISOR**

|  |
| --- |
| First name and surnames: |
| Telephone | e-mail: |

**EVALUATION OF THE ACQUISITION AND DEVELOPMENT OF THE FOLLOWING COMPETENCES:**

|  |  |
| --- | --- |
| Technical skills |   |
| Learning skills |   |
| Job administration |  |
| Oral and written communication skills |  |
| Sense of resonsibility |  |
| Creativity and initiative |  |
| Personal involvement |  |
| Motivation |  |
| Responsiveness to criticism |  |
| Punctuality |  |
| Relation witn work environment |  |
| Capacity for teamwork |  |
| Others:  |  |
|  **OVERALL RATING (from 0 to 10)** |  |

 In the case of students with disabilities who have some difficulty, please indicate their degree of autonomy and if they require some kind of technical and/ or human resource for that

Place and Date

Signature: