



TRAINING PERIOD ASSESSMENT FORM

Surname and given name of trainee

Surname and given name of supervisor

| PROFESSIONAL ATTRIBUTES | POINTS (5 max.) | COMMENTARY |
|--|--------------------|------------|
| Sense of observation | _____ | _____ |
| Initiative | _____ | _____ |
| Responsibility | _____ | _____ |
| Punctuality | _____ | _____ |
| Presence and professionalism | _____ | _____ |
| LEADERSHIP AND MANAGEMENT SKILLS | | |
| Ability to adapt | _____ | _____ |
| Self-control | _____ | _____ |
| Capacity for self-evaluation | _____ | _____ |
| Discretion | _____ | _____ |
| Leadership | _____ | _____ |
| Team work | _____ | _____ |
| ORGANIZATION OF WORK | | |
| Planning of work | _____ | _____ |
| Application of methods and techniques | _____ | _____ |
| Standards | _____ | _____ |
| Laws and regulations | _____ | _____ |
| COMMUNICATION SKILLS | | |
| Communication with clients & peers (Oral & Written) | _____ | _____ |
| Maintenance of files | _____ | _____ |
| PRACTICAL WORK | | |
| Research skills | _____ | _____ |
| Presentation of files | _____ | _____ |
| Practical problem-solving skills | _____ | _____ |
| Total mark: _____/100 | | |

Period beginning on _____ ending on _____

Length of period _____ weeks

Signatures: _____
Supervisor

Date

Trainee

Date