

## EVALUATION OF THE PLACEMENT



# GENERAL Information

**Student name and surname(s) :** .....

Tel: .....

e-mail: .....

**Placement from:** ..... **to** .....

**Name and address of the company/organisation**

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**Name, surname and position of the mentor in the company :**

Tel: .....

e-mail: .....

**Name, surname and position of the tutor of the HEI**

Tel: .....

e-mail: .....

## Monthly interview

**Date:** .....

**Observations:** .....

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**Planned actions for improvement:** .....

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## Monthly interview

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TO BE COMPLETED BY THE TUTOR (FROM HEI)

## **ON-SITE VISIT REPORT**

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## APPRENTICESHIP GRADING

- The WBL placement mentor is requested to carefully complete the evaluation grids laid out on the following pages
- It is the mentor's responsibility to undertake the evaluation in a fair and unbiased manner.
  
- Based on this evaluation, the mentor should assign a score out of ..... *(to be determined according to the HEI's grading system)*

**BEHAVIORAL EVALUATION GRID**

<b>Punctuality</b>	Very often late <input type="checkbox"/>	Often late <input type="checkbox"/>	Occasionally late <input type="checkbox"/>	Rarely late <input type="checkbox"/>	Always punctual <input type="checkbox"/>
<b>Attendance</b>	Very often absent <input type="checkbox"/>	Often absent <input type="checkbox"/>	Occasionally late <input type="checkbox"/>	Rarely absent and with justifications <input type="checkbox"/>	Always present <input type="checkbox"/>
<b>Team spirit</b>	No involvement <input type="checkbox"/>	Little Involvement <input type="checkbox"/>	Average involvement <input type="checkbox"/>	Cooperative attitude <input type="checkbox"/>	Strong teamplayer <input type="checkbox"/>
<b>Initiative</b>	No initiative <input type="checkbox"/>	Few personal initiatives <input type="checkbox"/>	Occasionally takes initiatives <input type="checkbox"/>	Initiates regularly <input type="checkbox"/>	Frequent and strong personal initiatives <input type="checkbox"/>
<b>Autonomy and Perseverance</b>	Not able to overcome difficulty <input type="checkbox"/>	Quickly gets overwhelmed by difficulties <input type="checkbox"/>	Overcome minor difficulties <input type="checkbox"/>	Leads the activities to the end (With help) <input type="checkbox"/>	Leads activities to the end with autonomy <input type="checkbox"/>
<b>Curiosity and Interest</b>	No interest in the placement <input type="checkbox"/>	Low interest in the placement <input type="checkbox"/>	Moderately interested <input type="checkbox"/>	Shows curiosity <input type="checkbox"/>	Keen interest in the company or organisation <input type="checkbox"/>
<b>Sense of organisation</b>	Inability to manage tasks <input type="checkbox"/>	Difficulty adapting to procedures <input type="checkbox"/>	Establishes and follows a workplan <input type="checkbox"/>	Able to take priorities into account <input type="checkbox"/>	Able to optimize the organisation & management of tasks <input type="checkbox"/>
<b>Speed and quality of execution</b>	Negligent and particularly slow <input type="checkbox"/>	Works slowly and makes occasional errors <input type="checkbox"/>	Works fast but makes errors <input type="checkbox"/>	Works slowly but without errors <input type="checkbox"/>	Works fast and without errors <input type="checkbox"/>
<b>Use of new technologies</b>	Very reluctant <input type="checkbox"/>	Shows reluctance <input type="checkbox"/>	Uses them but without conviction <input type="checkbox"/>	Uses them effectively <input type="checkbox"/>	Uses them in an innovative manner <input type="checkbox"/>
<b>Conscientiousness</b>	Non-existent <input type="checkbox"/>	Insufficient <input type="checkbox"/>	Average <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Excellent <input type="checkbox"/>

TO BE COMPLETED BY THE MENTOR (FROM THE COMPANY/ORGANISATION)

### EVALUATION GRID OF SKILLS ACQUIRED

<b>Competences</b>	<b>Novice</b>	<b>Beginner</b>	<b>Competent</b>	<b>Adept</b>	<b>Expert</b>	<b>Not evaluated</b>
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(*)						
(*)						
(*)						
(*)						
(*)						
(*)						

(\*) Competences to be determined according to the placement.



**Mark :**

...../ (....)

**Name, surname and position of the WBL placement tutor/mentor:**

.....  
.....

**Date ..... Tutor/Mentor signature**



## QUESTIONNAIRE FOR ORGANISATIONS AND/OR COMPANIES

•Have you hosted one of our students before?

YES       NO

• Would you host one of our students again?

YES       NO

**IF NOT**, for what reasons?

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• Were you familiar with our work-based learning programme before hosting a student?

YES

• How did you find out about our work-based learning programme?

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NO

• Did the student's academic and professional background meet your expectations?

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TO BE COMPLETED BY THE MENTOR (FROM THE COMPANY/ORGANISATION)

- **Do you have any comments and/or suggestions regarding our work-based learning programme?**

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