

Work placement

Observations of the reference person (tutor) of the business

Trainee	Business
Name:	In the following business:
Surname:	As (job):
Age:	Address/telephone:
Address:	Period: from - to:
Reference person of the school/tutor:	Reference person of the business/tutor:

How did you experience the intern during the internship?

Please mark with a cross where appropriate

Demeanour/social competence	<input type="checkbox"/>	friendly, obliging	<input type="checkbox"/>	polite	<input type="checkbox"/>	not very attentive	<input type="checkbox"/>	unfriendly
Professional competence	<input type="checkbox"/>	very independent, considered	<input type="checkbox"/>	quite independent	<input type="checkbox"/>	needs guidance	<input type="checkbox"/>	lacking in independence
Execution of tasks	<input type="checkbox"/>	very skilful	<input type="checkbox"/>	skilful	<input type="checkbox"/>	not very practical	<input type="checkbox"/>	clumsy
Work speed	<input type="checkbox"/>	quick	<input type="checkbox"/>	rather quick	<input type="checkbox"/>	measured, quite slow	<input type="checkbox"/>	slow
Work quality	<input type="checkbox"/>	very good	<input type="checkbox"/>	good	<input type="checkbox"/>	useful	<input type="checkbox"/>	not very useful
Perception	<input type="checkbox"/>	very good	<input type="checkbox"/>	good	<input type="checkbox"/>	moderate	<input type="checkbox"/>	slow
Work ethic	<input type="checkbox"/>	very meticulous	<input type="checkbox"/>	meticulous	<input type="checkbox"/>	rather sketchy	<input type="checkbox"/>	superficial
Stamina	<input type="checkbox"/>	very untiring	<input type="checkbox"/>	untiring	<input type="checkbox"/>	not very untiring	<input type="checkbox"/>	no endurance
Orderliness/tidiness	<input type="checkbox"/>	very neat and clean	<input type="checkbox"/>	neat and clean	<input type="checkbox"/>	not very neat	<input type="checkbox"/>	untidy and not clean enough
Initiative/interest	<input type="checkbox"/>	very interested, makes a contribution	<input type="checkbox"/>	interested, asks questions	<input type="checkbox"/>	moderately interested	<input type="checkbox"/>	indifferent
Ability to work in a team/open-mindedness	<input type="checkbox"/>	open and cooperative	<input type="checkbox"/>	cooperative	<input type="checkbox"/>	quite reserved	<input type="checkbox"/>	reserved
Commitment/reliability	<input type="checkbox"/>	absolutely reliable and willing to work	<input type="checkbox"/>	reliable und willing to work	<input type="checkbox"/>	partly reliable	<input type="checkbox"/>	unreliable
Punctuality	<input type="checkbox"/>	very punctual	<input type="checkbox"/>	punctual	<input type="checkbox"/>	sometimes unpunctual	<input type="checkbox"/>	unpunctual

Linguistic competences Mother tongue	<input type="checkbox"/>	very good	<input type="checkbox"/>	good	<input type="checkbox"/>	sufficient	<input type="checkbox"/>	unsufficient
Italian	<input type="checkbox"/>	very good	<input type="checkbox"/>	good	<input type="checkbox"/>	sufficient	<input type="checkbox"/>	unsufficient
Speaking and understanding the foreign languages (English and French)	<input type="checkbox"/>	very good	<input type="checkbox"/>	good	<input type="checkbox"/>	sufficient	<input type="checkbox"/>	unsufficient

How do you assess suitability for the profession?

perfectly suitable	well suitable	partly suitable	unsuitable
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Further explanations/remarks:

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What should the teenager have to learn in school in particular?

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How do you evaluate the overall performance of the intern?

excellent	very good	good	satisfactory	sufficient	insufficient
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Thank you for your collaboration!

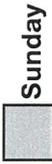
Trainee's signature

.....

.....
Place and date

.....
Signature and business stamp
(Reference person/tutor of the business)

Work placement - Calender 2025



Sunday

I= Illness

The hours actually worked must be entered in the text field in numerical format. (Full hours only)

Year	Month/Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
2025	June																															
	July																															
	August																															
	September																															
Year	Month/Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

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Name des Betriebes:	Name der Praktikantin/des Praktikanten:	Arbeitsstage insgesamt:
Unterschrift:	Unterschrift der Praktikantin/des Praktikanten :	Anwesenheitsstunden insgesamt:
Stempel des Betriebes:		