



**SURVEY FOR THE EVALUATION OF THE STUDENT PREPARATION
AFTER THE STAGE / INTERNSHIP**





Name of the trainee: _____

host Hospital / Doctor / Structure: _____

Place of internship from: _____ to _____

Total hours: _____

Are you satisfied with the preparation of the student in carrying out the assigned activities, with reference to the following aspects?

	 Definitely no	 Not enough	 Enough	 Definitely Yes
1. Student preliminary knowledge required to work in the specific context				
2. Ability to apply in the work context the preliminary knowledge				
3. Ability to interact and communicate in the work context				
4. Level of autonomy to perform of assigned activities				
5. Ability to develop new skills in the workplace				
6. Overall opinion				

In your opinion, what are the strengths of the preparation of the student? _____

And which areas of improvement? _____

Place and date

Signature of the host institution tutor