REPORT OF THE TRAINING INSTITUTION

Training Institution: ____________________________________________________________

Supervisor's Full Name: ______________________________________________________

Student's Full Name: _________________________________________________________

Period of Practical Traineeship: ________________________________________________

Brief Description of the Content of the Practical Traineeship:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please complete the following questionnaire:

1. Evaluate the background of the student in performing his/her Practical Traineeship?

   Very low  Low  High
   [ ]  [ ]  [ ]

2. How familiar was the student with the laboratory practice and/or the usage of PC?

   Not at all  A little  A lot
   [ ]  [ ]  [ ]

3. Was the student consistent with his/her tasks as a trainee?

   Not at all  Not so much  Yes
   [ ]  [ ]  [ ]

4. Please give a frank overall account concerning your cooperation with the student?

   Inefficient  Moderately efficient  Efficient
   [ ]  [ ]  [ ]

Comments and Remarks:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
## WEEKLY TIME SHEET

<table>
<thead>
<tr>
<th>Description of the performed work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st week (from .../.../201… to .../.../201…)</td>
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<tr>
<td>2nd week (from .../.../201… to .../.../201…)</td>
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<tr>
<td>3rd week (from .../.../201… to .../.../201…)</td>
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<tr>
<td>4th week (from .../.../201… to .../.../201…)</td>
</tr>
<tr>
<td>5th week (from .../.../201… to .../.../201…)</td>
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</tbody>
</table>

Date: .../.../201…

The Supervisor

(signature and stamp of the institution of reception)