

### Final I.A.E. traineeship evaluation report

Company:		
Name of Trainee:		IAE number:
Name of Traineeship supervisor:		IAE number:
Internship period from:	to :	

<b>Explanation of ratings</b>			
<b>(VG)</b> Very Good	<b>(G)</b> Good	<b>(S)</b> Sufficient	<b>(I)</b> Insufficient
<b>(N)</b> Not applicable : There are no elements to assess this criterion.			

**To be completed by the traineeship supervisor**

Evaluation of the trainee by the traineeship supervisor	VG	G	S	I	N	Remarks
<b>Skills</b>						
1- Knowledge of technologies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2- Quality of listening and understanding of needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3- Analytical abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4- Sense of synthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 - Achievement of objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Communication</b>						
6- Quality of oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7- Quality of written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8- Ability to relate to the parties concerned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9- Ability to work in a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10- Regularity of the reports to the traineeship supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Professional behaviour</b>						
11- Attendance, punctuality, motivation, involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12- Accuracy and care in the accomplishment of the work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13- Acceptance of criticism, general attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14- Respect of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Organization of work</b>						
15- Priority management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16- Ability to evaluate the time required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17- Work planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Autonomy</b>						
18- Autonomy in understanding and analysing needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19- Autonomy in the identification of solutions and ability to decide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Overall assessment of the trainee by the traineeship supervisor:**

<b>VG</b>	<b>G</b>	<b>S</b>	<b>I</b>	<b>N</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Place and date:

Signature of the traineeship supervisor :

**Final evaluation report of the I.A.E. trainee.**

*To be completed by the IAE trainee*

Evaluation of the traineeship by the trainee	VG	G	S	I	N	Remarks
1- Quality of supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2- Value of the skills acquired during the traineeship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3- Quality of the environment and work atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4- Infrastructure set up for the traineeship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments	
5- The aspects I tried to improve in my traineeship and the improvements observed	
6- My professional qualities	
7- Aspects that I would like to improve in the professional field	
8- Other comments	

**Overall assessment of the company and the traineeship supervisor by the trainee:**

VG	G	S	I	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Place and date:

Signature of the trainee :

### Evaluation of the traineeship by the traineeship committee

	VG	G	S	I	N
1- On the basis of the evaluation reports of the traineeship supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks :					
2- On the basis of the trainee's activity reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks :					
3- Following a potential interview <i>with</i> the trainee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks :					

Final decision by the IAE traineeship committee, validation of the traineeship:

Admitted	Not admitted
<input type="checkbox"/>	<input type="checkbox"/>

**Evaluation of the traineeship by the Chamber**

	VG	G	S	I	N
Evaluation of the organization and follow-up of the traineeship in the company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks :

Admitted	Not admitted
<input type="checkbox"/>	<input type="checkbox"/>

Place and date :

Signature of the members of the concerned chamber :