

.....  
Place, date

**CONFIRMATION of student placement**

I confirm that Mr/Mrs ..... has completed his/her internship in:

.....  
.....

(name and address of the organization)

Between the dates: from.....to.....

Tasks:.....  
.....  
.....  
.....

**Assessment of the Employer's Representative - feedback for the student regarding the course of the internship (insert x)**

Learning outcomes third semester	Representative's grade					
	2,0	3,0	3,5	4,0	4,5	5
Student knows, understands and obtains information from the place of internship, integrates it: a) Discusses the principles of the industry operations in which the organization operates and the specifics of its activities b) Discusses the legal form of the organization and the documentation required to work in various positions c) Becomes familiar with the health and safety rules within the framework of the organization d) Defines the organizational structure, including the rules of work in individual departments as well as the division of competences e) Student knows the techniques of keeping and archiving documentation at the workplace and has the ability to perform office work in this area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analyzes data and information from various departments of the organization and is able to draw conclusions regarding their practical use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student can actively cooperate with a team and is able to propose solutions to problems in the work environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student sees the need for constant learning and is able to do it on his own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Email adress, phone number

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Employer's Signature