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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | PRACTICAL TRAINING FEEDBACK REPORT | | | | |
|  | | | | | Teachers | | | | |
|  | | | | |  | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Student name |  | | | | | Group/  student number |  | |
| Practical training place |  | | | | | | | |
| Training period |  | | | |  | | | |
|  | | | | | | | | |
| Contact with  employer | | By phone, date |  | | | | |  |
|  | | Visit, date |  | | | | |  |
|  | | Email, date |  | | | | |  |
|  | | | | | | | | |
| Contact with  student | | By phone, date |  | | | | |  |
|  | | Visit, date |  | | | | |  |
|  | | Email, date |  | | | | |  |
|  | | | | | | | | |
|  | | | | | | | | |
| Work duties/tasks | | | | | | | | |
|  | | | | | | | | |
| Did the tasks require more responsibility as the training period progressed and as the trainee developed? How? | | | | | | | | |
|  | | | | | | | | |
| Did the tasks support your studies and professional field? How? | | | | | | | | |
|  | | | | | | | | |
| How was trainee supervision organised at the training location? | | | | | | | | |
|  | | | | | | | | |
| Will there be a thesis topic and/or job available at this training location? | | | | | | | | |
|  | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| KAJAANI UNIVERSITY OF APPLIED SCIENCES | | | | | | | | **PRACTICAL TRAINING FEEDBACK REPORT** | | |
|  | | | | | | | |  | | |
|  | | | | | | | |  | | |
| **Employer** | | | | | | | | | | |
| Assessment of training period / trainee: | | | | | | | | | | |
|  | | | | | | | | | | |
| General feedback for the university of applied sciences: will you take on trainees in the future and on what conditions? | | | | | | | | | | |
|  | | | | | | | | | | |
| **Students** | | | | | | | | | | |
| Did the training period fulfil the student’s aims and expectations? How? / Why not? | | | | | | | | | | |
|  | | | | | | | | | | |
| Assessment of training period: | | | | | | | | | | |
|  | | | | | | | | | | |
| **Teacher supervisor** | | | | | | | | | | |
| Teacher’s assessment of the training period and learning tasks, and other comments: | | | | | | | | | | |
|  | | | | | | | | | | |
| Date and signature of teacher supervisor |  | . |  | | . |  |  | |  | |
|  | | | |  | | | | | | Name in block capitals |
| Date and signature of practical training co-ordinator |  | . |  | | . |  |  | |  | |
|  | | | |  | | | | | | Name in block capitals |