|  |  |
| --- | --- |
|  | PRACTICAL TRAINING FEEDBACK REPORT |
|  | Teachers |
|  |  |
|  |
|  |
| Student name |       | Group/student number  |       |
| Practical training place |       |
| Training period |       |  |
|  |
| Contact withemployer | [ ]  By phone, date |       |  |
|  | [ ]  Visit, date |       |  |
|  | [ ]  Email, date |       |  |
|  |
| Contact withstudent | [ ]  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? |
|       |

|  |  |
| --- | --- |
| 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 |