



Zespół Szkół Chłodniczych i Elektronicznych w Gdyni

ul. Sambora 48, 81-201 Gdynia
e-mail: sekretariat@zschie.edu.gdynia.pl

INTERNSHIP BOOK

In the profession of

Name and surname of the student:

.....

Class: School Year:

Name of the place of internship:

.....

.....

.....

The start and end dates of the internship:

.....

Name and surname of the internship supervisor:

.....



Dofinansowane przez
Unię Europejską

ACCREDITATION 2021-1-PL01-KA120-VET-000046523
Application no 2025-1-PL01-KA121-VET-000310684



EU MOBILITY ITALY
INTERNSHIPS-TRAINING

No.	Date	Description of the performer activities – to be filled in by a trainee /a student	Signature of the internship supervisor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

No.	Date	Description of the performer activities – to be filled in by a trainee /a student	Signature of the internship supervisor
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Opinion of the internship supervisor

About the student:

Serving the internship in the profession of a technician in:

.....

Starting from the date of **to**

To be completed by the employer / internship supervisor

During the internship the student fulfilled the criteria of completing the internship
(The grade on a scale from 1 - the lowest to 6 – the highest):

a. Discipline and attendance during the internship, grade.....

b. acquiring skills and knowledge determined by the internship program in accordance with the company specificity, grade.....

c. quality, involvement, and independence in performing work, grade.....

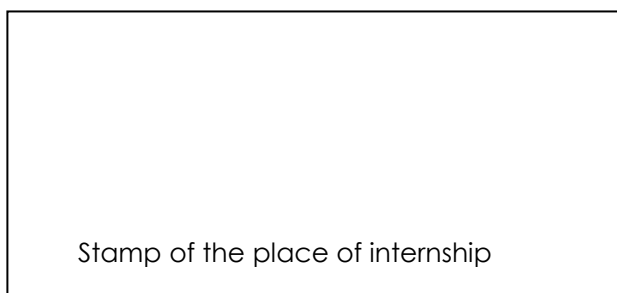
d. compliance with health and safety regulations, grade.....

e. documenting the internship activities. grade.....

The suggested final grade for the served internship:

.....

(excellent, very good, good, satisfactory, acceptable, insufficient)



.....
Signature /and stamp of the internship supervisor