

**FACULTY OF …………………………….**

**DEPARTMENT OF ……………………………**

**PROFESSIONAL PRACTICE PERFORMANCE ASSESSMENT FORM**

CONFIDENTIAL[[1]](#endnote-1)

To be completed by the Professional Practice Site Supervisor

Name and Surname of Student :………………………………………………………………………………………………………….

Class – Year :………………………………………………………………………………………………………….

Name of Organization :………………………………………………………………………………………………………….

Beginning and End of Practice :………………………………………………………………………………………………………….

Minimum Period of Practice :………………………………………………………………………………………………………….

Name of Compulsory Practice : ……………………………………………………………………………………………………….

Evaluation of Professional Practice

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Department in the organization | Period of Practice (Weeks) | Interest in job | Attendance | Performance | Remarks |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

Evaluation: (A) Excellent 85- 100 Date :……………….................... (B) Good 75- 84 Name of Supervisor :……………………………………

(C) Fair 70- 74 Title of Supervisor :……………………………………

(D) Poor 60- 69 Official Stamp and

(F) Unsatisfactory 0- 59 Signature :……………………………………

EPOKA University

Faculty of ………………………………

Department of …………………………….

Tirana/Albania

…………………………………………………………………………………………………………………………………………………………….

**To be completed by the respective Department of EPOKA University**

Department Professional Practice Supervisor who examined the Report

Introduction :…………………………. Name and Surname :.................. ……..

Main Text Report :…………………………. Date :……………………….

Conclusion :………………………….. Signature :……………………….

Overall Evaluation of Report :…………………………..

Department of ………………………..

1. *Please submit this form in a sealed and signed envelope to the student after the professional practice period.*  [↑](#endnote-ref-1)