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# PLACEMENT REPORT



Field of study: …………………….

………………………………

First and second name

………………………………

Matriculation number

Bydgoszcz, 20.… year

# PROCESS OF PLACEMENT

**DATE OF COMMECING: …………………………………………………………**

**DATE OF ENDING: ………………………………………………………..**

|  |  |
| --- | --- |
| **DURATION** | **IN WEEKS:** |
| **TOTAL HOURS WORKED:** |
| **THE TUTOR OF PLACEMENT** | **FIRST AND SECOND NAME:** |
| **TELEPHONE NUMBER / E-MAIL:** |



More about placement

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SIGNATURE AND STAMP THE ORGANIZATION

ACCEPTING TO PLACEMENT

**Organization name**: .............................................................................................................................................................................................................................................................................................................................................................................................................

**Department /** **workplace**: …...………......................................................................................................................................................................................................................................................................................................................................................................

## WEEKLY REPORT

**Week** **1.** from ............................................ to.............................................

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Working hours****(from - to)** | **Total worked (hours /day)** | **Practice content/** **scope of activities** |
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**signature (and stamp) the tutor of placement**

 **or organization**

**Organization name**: .............................................................................................................................................................................................................................................................................................................................................................................................................

**Department /** **workplace**: …...………......................................................................................................................................................................................................................................................................................................................................................................

## WEEKLY REPORT

**Week** **2.** from ............................................ to.............................................

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| --- | --- | --- | --- |
| **Day** | **Working hours****(from - to)** | **Total worked (hours /day)** | **Practice content/** **scope of activities** |
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**signature (and stamp) the tutor of placement**

 **or organization**

**Organization name**: .............................................................................................................................................................................................................................................................................................................................................................................................................

**Department /** **workplace**: …...………......................................................................................................................................................................................................................................................................................................................................................................

## WEEKLY REPORT

**Week** **3.** from ............................................ to.............................................

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| --- | --- | --- | --- |
| **Day** | **Working hours****(from - to)** | **Total worked (hours /day)** | **Practice content/** **scope of activities** |
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**signature (and stamp) the tutor of placement**

 **or organization**

**Organization name**: .............................................................................................................................................................................................................................................................................................................................................................................................................

**Department /** **workplace**: …...………......................................................................................................................................................................................................................................................................................................................................................................

## WEEKLY REPORT

**Week** **4.** from ............................................ to.............................................

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| --- | --- | --- | --- |
| **Day** | **Working hours****(from - to)** | **Total worked (hours /day)** | **Practice content/** **scope of activities** |
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**signature (and stamp) the tutor of placement**

 **or organization**

**ASSESSMENT OF PLACEMENT**

**BY THE TUTOR OF PLACEMENT**

**Student / trainee evaluation sheet:**

1. Please tick one answer in each area:

|  |  |  |
| --- | --- | --- |
| **Lp.** | **Area** | **Scoring** (5 – the highest grade; 1 – lowest grade) |
| 1. | Preparation of knowledge and education | 5 | 4 | 3 | 2 | 1 |
| 2. | The degree of implementation of the assigned tasks | 5 | 4 | 3 | 2 | 1 |
| 3. | Duty, punctuality | 5 | 4 | 3 | 2 | 1 |
| 4. | Motivation to work | 5 | 4 | 3 | 2 | 1 |
| 5. | Ingenuity, creativity | 5 | 4 | 3 | 2 | 1 |
| 6. | Interpersonal skills | 5 | 4 | 3 | 2 | 1 |
| 7. | The degree of mastering the skills during placement | 5 | 4 | 3 | 2 | 1 |
| **TOTAL POINTS** |  |

1. Descriptive opinion / other comments from the tutor of placement:

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**date and signature the tutor of placement**

# PLACEMENT ACCEPTANCE

(given by the dean’s deputy responsible for student’s placement)

**Acceptance of** …… **weeks of placement**.

………….……….…. ……………………….……………………..…

 **date signature / stamp**

 **the dean’s deputy responsible for student’s placement**