

Internship Certificate

for (name of student),
class, form teacher

who was continuously employed from toat

(company name, telephone number, e-mail and company stamp)

The student was absent on days, because (reason of absence)
.....

During the internship the student worked in the following areas:
.....
.....
.....

The student was responsible for:
.....
.....
.....
.....

Grading	outstanding	good	satisfactory	insufficient
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization and accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circumspection and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work pace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional remarks (e.g. team spirit, strengths, areas to be improved, etc.)
.....
.....

.....
place, date

.....
signature

