

Justus-Liebig-Universität Gießen

Department of Educational Research
Internship Office of Educational Research

1st Internship (300 h block) **2nd Internship** (300 h block)
(Please check the application box)

in the B.A. program "Educational Science specialized on Extended Education"

Evaluation Form

(To be completed by the internship institution)

Ms./ Mr. _____ Student ID number: _____

completed the internship from _____ to _____

at the institution (*name and address of the internship institution*):

_____.

A total of _____ hours were completed at the internship institution.

Please evaluate the intern's performance (e.g., in dealing with clients, in interaction with staff, in terms of work attitude and overall performance) **on a separate sheet (reference letter)** – on the institution's letterhead, with stamp and signed by the internship supervisor.
Thank you!

Based on the intern's performance, the internship is hereby **confirmed / not confirmed**
(Please delete as applicable).

Date, signature of official supervisor, stamp of internship institution