**supervisor’s of Practical training**

**review**

**about STUDENT’s practice**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vilnius Gediminas Technical University | | | |  | | | | faculty |
|  | group student |  | | | | | performed practice | | |
|  |  | (Name and surname) | | | | |  | | |
|  | | from |  | | until |  | |  |
| (Place of Practice) | |  | (Year, month, day) | |  | (Year, month, day) | |  |

|  |  |  |
| --- | --- | --- |
| Practical training supervisor‘s review about the Student (evaluation of Student‘s knowledge and skills ): | |  |
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| --- | --- | --- |
| Suggestions for the improvement of the study program if the student lacked theoretical knowledge or skills: |  | |
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| --- | --- |
| Recommendations of practice supervisor in the company for improving the organization of practices: |  |
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**Assessment of student's practice with a grade (10-point scale) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(In number and in word)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Supervisor of practice |  |  |  |  |  |  |
|  |  | (Position in the company) |  | (Signature) |  | (Name and Surname) |

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