

Student Information

FIRST NAME <u>Leonardo</u>	LAST NAME <u>Fusser</u>	
EMAIL ADDRESS <u>fusserleonardo@gmail.com</u>	STUDENT IDENTIFICATION NUMBER <u>1946995</u>	DATE OF BIRTH: MM/DD/YYYY <u>10/25/2001</u>
PRIMARY TELEPHONE NUMBER <u>(438) 763-5447</u>	CITY, PROVINCE <u>Laval, Quebec</u>	POSTAL CODE <u>H7M 4K2</u>
EMERGENCY CONTACT / RELATIONSHIP <u>(514) 717-2551 / Father</u>	EMERGENCY TELEPHONE NUMBER <input type="checkbox"/> CELLULAR <u>(450) 667-4723 / Home</u>	

Internship Details

COMPANY NAME <u>MicroRepair Inc.</u>	COMPANY ADDRESS <u>1480 Hymus Blvd.</u>	
SUPERVISOR NAME <u>Saeid Ranjbaran</u>	CITY, PROVINCE <u>Dorval, QC</u>	POSTAL CODE <u>H9P 1J6</u>
EMAIL ADDRESS <u>saeid@microrepair.ca</u>	TELEPHONE NUMBER <input type="checkbox"/> CELLULAR EXTENSION <u>(514) 542-4424</u>	
START DATE (MM/DD/YYYY) <u>04/18/2022</u>	END DATE (MM/DD/YYYY) <u>05/06/2022</u>	WORKING HOURS & BREAKS <u>9:30 am to 5:30 pm with 2 breaks.</u>

EMPLOYER EVALUATION

Students that have completed their internship must now receive a grade for their efforts. The purpose of this is to provide the student with feedback that will highlight strengths and weaknesses throughout their time working with you. It will also be used to complete an overall assessment of the student that covers seminars and written work done prior to internship and afterwards as well. The assessment you provide will contribute to a final grade which completes their diploma requirements. Simply complete this form and ensure that the Internship Supervisor receives it no later than one week after the internship period has ended.

0 Unsatisfactory Did not meet expectations.	1 Fair Somewhat met expectations.	2 Satisfactory Met expectations, but needs improvement.	3 Good Met expectations
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<input checked="checked" type="checkbox"/> ORAL COMMUNICATION	<input checked="checked" type="checkbox"/> DEPENDABILITY	<input checked="checked" type="checkbox"/> QUALITY OF WORK
<input checked="checked" type="checkbox"/> WRITTEN COMMUNICATION	<input checked="checked" type="checkbox"/> ABILITY TO LEARN	<input checked="checked" type="checkbox"/> PRODUCTIVITY
<input checked="checked" type="checkbox"/> INITIATIVE	<input checked="checked" type="checkbox"/> PLANNING & ORGANIZATION	<input checked="checked" type="checkbox"/> APPEARANCE
<input checked="checked" type="checkbox"/> INTERACTION WITH STAFF	<input checked="checked" type="checkbox"/> PROFESSIONALISM	<input checked="checked" type="checkbox"/> ADAPTABILITY TO ORGANIZATION CULTURE/POLICIES CULTURE
<input checked="checked" type="checkbox"/> ATTITUDE	<input checked="checked" type="checkbox"/> CREATIVITY	<input checked="checked" type="checkbox"/> OVERALL PERFORMANCE

COMMENTS (IF ANY)

INTERNSHIP SUPERVISOR SIGNATURE

ASSESSMENT DATE (MM/DD/YYYY)

05/06/2022

TOTAL SCORE
43