RELATÓRIO PERIÓDICO DE ATIVIDADES DE ESTÁGIO

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| **ESTAGIÁRIO(A)** | | | | | | |
| **Nome:** | | **Matrícula:** |  |  |  |  |
| **Curso:** | | **Ano / Período:** | | | | |
| **Campus:** | | **Professor(a) Orientador(a):** | | | | |
| **Telefone:** +55 XX XXXXX-XXXX | | **E-mail:** | | | | |
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| **UNIDADE CONCEDENTE DE ESTÁGIO** | | | | | | |
| **Unidade Concedente:** | | **CNPJ / CPF:** | | | | |
| **Supervisor(a) do Estágio:** | **Cargo do(a) Supervisor(a) do Estágio:** | | | | | |
| **Telefone:** +55 XX XXXXX-XXXX | | **E-mail:** | | | | |

Prezado(a) Estagiário(a),

O presente relatório tem por objetivo avaliar o desenvolvimento do Plano de Atividades que integra o Termo de Compromisso de Estágio e, conforme exige a Lei n° 11.788/2008, art. 7°, inciso IV, deve ser apresentado em periodicidade semestral. Depois de preenchido e assinado pelas partes, deve ser entregue ao departamento de estágio do Campus onde você está matriculado.

**PERÍODO DE REFERÊNCIA:** \_\_\_/\_\_\_/\_\_\_ a \_\_\_/\_\_\_/\_\_\_

**1. PLANO DE ATIVIDADES**

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| **Atividades previstas no Termo de Compromisso** | **Foram realizadas?** | |
| Sim | **Não** |
| * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; |  |  |
| * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; |  |  |
| * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; |  |  |
| * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; |  |  |
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Caso não tenha executado alguma das atividades previstas, comente abaixo as razões que impediram sua realização.

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Durante o período avaliado, foram realizadas atividades não previstas no Plano de Atividades? Em caso afirmativo, descreva-as.

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Comente as razões que levaram a execução destas atividades.

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**2. RELAÇÃO TEORIA-PRÁTICA**

Durante o período avaliado, você teve oportunidade de sistematizar os conhecimentos internalizados em classe? ( ) SIM ( ) NÃO

As atividades desenvolvidas contribuem para sua formação profissional? ( ) SIM ( ) NÃO

Caso alguma resposta tenha sido NÃO, comente-a.

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**3. AUTOVALIAÇÃO DO ESTÁGIO**

Qual conceito você atribui ao seu estágio no período em análise?

Insuficiente  Regular  Bom  Muito Bom  Excelente

Justifique sua avaliação.

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**Estagiário(a)**

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**Supervisor(a) do Estágio Professor(a) Orientador(a)**