**Evaluation of the internship activity by the trainee**

*At the end of the internship we would like to know the impressions and considerations related to your experience. With a view to continuously improving the quality of the offered service, we ask you to fill in this questionnaire.*

***Information pursuant to EU Reg. no. 2016/679***

*The data will be used by the University of Perugia only for the evaluation of the degree of satisfaction with the services provided. This data will not be used for any other purpose and will not be made available to third parties.*

1. **TRAINEE INFORMATION**

|  |  |
| --- | --- |
| **Name and surname of the intern:** |  |
| **Date of birth:** |  |
| **Degree in** |  |
| **Bachloer** □ **Master**  □ |  |
| **Name and surname of the University Tutor:** |  |
| **Name and surname of the Corporate Tutor:** |  |

**⮚ INTERNSHIP DATA**

1. Where did you do your internship? n

|  |  |
| --- | --- |
| Name of Institution/Company or Department |  |
| Sector Institution/Company or Department |  |
| Operational location of the internship |  |
| Period of the internship activity |  |
| Number of CFU achieved |  |

1. On the basis of which data did you identify your host?When did you decide on the host structure?

|  |  |
| --- | --- |
| Website | □ |
| Friends or colleagues | □ |
| Referral by university professors | □ |
| Flyers or other similar material | □ |
| Other | □ |

1. When did you decide on the host structure?

|  |  |
| --- | --- |
| At the beginning of the course of study | □ |
| During the first two years of the course | □ |
| In the final year before graduation | □ |
| Other | □ |

1. Hai terminato il periodo di tirocinio?

|  |  |
| --- | --- |
| YES | □ |
| NO | □ |

1. If not, why? n

|  |  |
| --- | --- |
| Personal reasons | □ |
| Because I found a job | □ |
| It was a company’s decision | □ |

1. You have received a reimbursement of expenses from the company or the University?

|  |  |
| --- | --- |
| YES | □ |
| NO | □ |

1. Did you have logistical difficulties to get to the internship location?

|  |  |
| --- | --- |
| YES | □ |
| NO | □ |

1. Which tasks were most entrusted to you during the internship?

|  |  |
| --- | --- |
| Administration /secretary | □ |
| Management | □ |
| Sales | □ |
| Front-/back-office | □ |
| Technical | □ |
| Other | □ |

1. Do you believe that the work tools you used in the company or at the University were functional to the tasks performed?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

1. Do you believe that your prior knowledge and skills have been adequate for the tasks you actually perform in the company or at the University?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

1. Do you believe that the tasks that have been assigned to you in the company or at the University during the internship have increased your skills and competencies?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

1. Did you work in a group during the internship?

|  |  |
| --- | --- |
| YES | □ |
| NO | □ |

1. Did you find it difficult to fit into the work environment? n

|  |  |
| --- | --- |
| YES | □ |
| NO | □ |

1. If yes, please indicate the context in which you encountered the greatest difficulties:

|  |  |
| --- | --- |
| Formal communication | □ |
| Informal communication | □ |
| Organizational and bureaucratic problems | □ |
| Learning of new processes | □ |
| Under-utilization of the intern | □ |
| Little interest in training on the side of the Institution/Company or Department | □ |
| Failure to meet personal skills/abilities | □ |
| Compliance with delivery times | □ |
| Personal reasons | □ |
| Other | □ |

**⮚ GOALS AND MOTIVATION**

1. Were you clear about the objectives of the internship before it started?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

1. How well do you think the objectives of the internship have been achieved?n

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

1. Has your motivation to participate in the internship grown over the course of the activities?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

**⮚ TRAINING AND PROFESSIONALISM**

1. Are you satisfied with the learning outcomes of the internship experience that has just ended?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

1. Do you think that the training outcomes are consistent with the agreed training project?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

1. Do you think the duration of the internship is adequate for a useful training-work experience? If not, how much longer should it have lasted?

|  |  |
| --- | --- |
| YES | □ |
| NO | □ |

n

1. In light of the results obtained, do you think further training is necessary?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

1. Do you think that the internship experience can help you in your search for a job?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

1. Could the internship offer you employment prospects in the structure you attended or in others with which you came into contact during the internship experience?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

1. Did the internship help you clarify and/or confirm the validity of your university choices?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

1. Did the internship help you better understand your professional interests?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

1. Do you think the commitment that was required of you for the activities was adequate?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

**EVALUATION OF INSTITUTION/COMPANY or HOST DEPARTMENT**

1. Was the company or university tutor present and available during the internship?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

1. Have you been shown the company or departmental procedures and rules that govern the organization of work?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

1. Do you think that you have been provided with adequate tools with respect to the objectives of the training project?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

1. Would you recommend an internship to a colleague at the same institution/company or department?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

**UNIVERSITY ASSESSMENT**

1. Was the university tutor present during the internship?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

**EVALUATION OF THE INTERNSHIP AND TRAINEESHIP SERVICE**

1. What is your level of satisfaction with the service provided by the Internship and Traineeship Office?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

Indicare, in particolare, gli aspetti che maggiormente ne costituiscono un punto di forza:

|  |  |
| --- | --- |
| Accessibilità e accoglienza | □ |
| Distribuzione degli orari di ricevimento | □ |
| Competenza degli operatori | □ |
| Disponibilità degli operatori | □ |
| Pubblicizzazione del servizio | □ |
| Materiale informativo ricevuto e/o disponibile | □ |

Indicare, in particolare, gli aspetti che maggiormente ne costituiscono un punto di debolezza:

|  |  |
| --- | --- |
| Accessibilità e accoglienza | □ |
| Distribuzione degli orari di ricevimento | □ |
| Competenza degli operatori | □ |
| Disponibilità degli operatori | □ |
| Pubblicizzazione del servizio | □ |
| Materiale informativo ricevuto e/o disponibile | □ |

1. Quale è il tuo livello di gradimento del sito internet?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| little |  |  |  |  |  |  |  |  | A lot |

Indicare, in particolare, gli aspetti che maggiormente ne costituiscono un punto di forza:

|  |  |
| --- | --- |
| Accuratezza/esaustività dei contenuti | □ |
| Aggiornamento dei contenuti | □ |
| Facilità di navigazione | □ |
| Reperibilità delle informazioni e dei documenti da scaricare | □ |

Indicare, in particolare, gli aspetti che maggiormente ne costituiscono un punto di debolezza:

|  |  |
| --- | --- |
| Accuratezza/esaustività dei contenuti | □ |
| Aggiornamento dei contenuti | □ |
| Facilità di navigazione | □ |
| Reperibilità delle informazioni e dei documenti da scaricare | □ |

1. Eventuali ulteriori osservazioni e/o suggerimenti:

|  |
| --- |
|  |

**Grazie per la tua gentile collaborazione**