**THE REVIEW OF THE SUPERVISOR DESIGNATED IN THE INTERNSHIP LOCATION ABOUT TRAINEE‘S COGNITIVE ACTIVITY/ WORK PERFORMANCE**

Vilnius Gediminas Technical University Faculty of Business Management

\_\_\_\_\_ group student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ performed cognitive activity/ work at

 (Name and surname)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** from **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** till **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(**The title of the practice place) (Year, month, day) (year, moth, day)

**The review of the cognitive activity/ work supervisor about trainee (student’s knowledge and competence assessment):**

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**Proposals for study program improvement, in case of insufficient trainee’s knowledge or competences:**

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**The cognitive activity/ work supervisor’s recommendations for the internship performance improvement:**

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**The cognitive activity/ work supervisor’s assessment grade (10 scale system)\_\_\_\_**

(by grade and by words)

**The cognitive activity/ work supervisor**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Position at the company) (Signature) (Name and surname)