



GENERAL ASSESSMENT FORM

AGRICULTURAL Internship – 2nd period

This form is to be completed at the end of the second internship period:
Further learning and participation in farm activities.

INTERN

Last name:

First name:

INTERNSHIP SUPERVISOR

Last name:

First name:

Position:

ÉVALUATION DES COMPÉTENCES

Unsatisfactory	Fair	Satisfactory	Very Satisfactory	COMMENTS (optional)
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PROFESSIONAL DIMENSION

Punctuality and attendance	☐	☐	☐	☐
Compliance with instructions and safety rules Appropriate workwear (suitable footwear, rainwear, etc.)	☐	☐	☐	☐
Quality of work performed	☐	☐	☐	☐
Autonomy in assigned tasks	☐	☐	☐	☐
Participation in farm activities	☐	☐	☐	☐
Quality of communication with the internship supervisor and/or team	☐	☐	☐	☐
Understanding of how the farm operates	☐	☐	☐	☐

PERSONAL DIMENSION

Ability to adapt	☐	☐	☐	☐
Quality of relationships with the internship supervisor and/or team	☐	☐	☐	☐
Professional attitude (respect, politeness, behaviour, reliability, etc.)	☐	☐	☐	☐
Appropriate initiative in assigned tasks	☐	☐	☐	☐

Progress observed since the 1st period

- ☐ Very satisfactory ☐ Satisfactory
☐ Needs improvement

Did the intern meet your expectations?

- ☐ Exceeded expectations ☐ Met expectations
☐ Partially met expectations ☐ No

STRENGTHS

AREAS FOR IMPROVEMENT

Date

Internship Supervisor's Signature

To sign, use the "Fill & Sign" function in your PDF reader.

Document to be returned to:

Internship Office

4 rue Joseph Lakanal 49000 Angers
stages@istom.fr



PTO – Additional comments on the reverse (optional)



ADDITIONAL COMMENTS (OPTIONAL)

Please use this space if you would like to provide further details about any of the skills assessed or share any useful comments regarding the internship and the student's skills.

PROFESSIONAL DIMENSION

PERSONAL DIMENSION

OTHER COMMENTS