............................................. …………………………..

 (school/institution stamp) (place, date)

**INTERNSHIP EVALUATION FORM**

**OPINION OF THE ENGLISH TEACHER – SUPERVISOR OF**

**THE MID-TERM DIDACTIC INTERNSHIP II – secondary school level**

|  |  |
| --- | --- |
| Student’s name and surname: |  |
|  |
| Study Programme: | English Philology - Teacher Training Programme full time/part time\*Faculty of Philology, University of Opole, Poland |
| Year of study: 2  | Semester: 3 |
| Place of the internship (name of the school, address): |  |
| Name and surname of the teacher-supervisor  |  |
| Number of hours | ……/30 |

**Comments on the student’s completed internship**

(tasks and duties realized by the student in the school):

**Final grade**

(expressed in a grade: excellent/5,0; very good/4,5; good/4,0; satisfactory /3,5; sufficient /3,0; failed/2,0)

 (Signature of the teacher-supervisor) (Signature and stamp of the Director of the school)

*For internal use ONLY*

Comments on passing mid-term didactic internship II:

 (signature of the coordinator at the University)

\*- delete as appropriate