

景文科技大學 學生校外實習輔導訪視紀錄表  
JUST Student Off-campus Internship Counseling Form

Name of Student		Class		Student ID			
Internship Corporation							
Department			Supervisor				
Date	Y/M/D/H						
Way of Conseling	<input type="checkbox"/> Domestic/Overseas Counseling in Person <input type="checkbox"/> Counseling by Telephone TEL: _____ <input type="checkbox"/> Overseas Counseling by Communication Software <input type="checkbox"/> Overseas Counseling by Telephone of RD						
Signature of Student	受訪學生簽名						
Student Internship Overview and Counseling Summary	No	Counseling Content	Excellent	Good	Even	Need to improve	Worse
	1	Student's learning status of professional skills in the workplace					
	2	Overall student satisfaction with work					
	3	Student attendance at work					
	4	Interaction between student and colleagues in the department					
	5	Interaction between student and supervisors					
	6	Interactions between student and clients or colleagues from different departments					
	7	Reasonable working hours for student					
	8	Reasonable workload for student					
	9	The content of the student's work is consistent with the content of the contract					
	Others:						
Any Assistant needs							
Tutor			Chairman of Dep.				

Remark :

1. The counseling tutor must ask the student to sign this form except overseas counseling.
2. Filling out a form for each student.

**Visit photos**
