景文科技大學 學生校外實習輔導訪視紀錄表

研020

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** | □ Domestic/Overseas Counseling in Person □ Counseling by Telephone TEL: □ Overseas Counseling by Communication Software□ 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.**

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| **Visit photos** |
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