

ASSESSMENT OF TPV'S ACTIVITIES

(to be sent by the tutor, at the end of the TPV, from his/her e-mail address indicated in the trainee's training project to the following e-mail address: angelo.carozza@unicampania.it)

(Name and Surname of the trainee)

(Name and Surname of the Tutor)

1. We invite you to read the statements below and indicate your evaluation (considering the response scale below) of the intern regarding the three aspects that you had the opportunity to observe during the practical evaluative internship experience you have just completed

① = Insufficient

② = Sufficient

③ = Good

④ = Very Good

Apply the psychological knowledge necessary to professional practice	①	②	③	④
Demonstrate the ability to deal with and solve typical problems of the profession	①	②	③	④
Demonstrate the ability to deal with and resolve issues of ethics and professional ethics	①	②	③	④

Note: the intern can only be considered suitable by achieving an evaluation of at least "sufficient" for the three items indicated above.

FINAL ASSESSMENT:

PASS

FAIL

Facility stamp

Signature of the Tutor
