**UNIVERSITY OF LOWER SILESIA DSW IN WROCŁAW**

**THE FACULTY OF APPLIED STUDIES**

**Field of study:** ………………………………………………………………………………………….………………

**Specialization** ………………………………………………………………………………..………………………..

**Study level:** first/second degree cycle program/uniform master studies\*

**Study form:**  full-time program / part-time program \*

**Recruitment:**  winter / summer \*, academic year ……………..…..……………

**Name and surname of THE UNIVERSITY’S INTERNSHIP SUPERVISOR** …………………………………………………………………………………

**Name of internship** (semester number) …………………………………………………………………

**INTERNSHIP JOURNAL**

**The start date of the internship at the Receiving Institution for the internship** ………………………………………………………

**The end date of the internship at the Receiving Institution for the internship** ………………………………………………………

**Student’s name and surname** ………………………………….………………….…………………………..……………

**Register number:** ………………………………………………………………………………..…..…………

**Contact number:** ……………………………………………….…………………………….…………………

**E-mail address:** ………………………………………………….…………….………………...……………

**Contract Number of the Personal Accident Insurance:** …………………………………………………………………………

**Contract Number of Third-Party Insurance \***\***:** ……………………………………………………………………………………………

**THE PLACE OF IMPLEMENTING INTERNSHIP:**

|  |  |
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| **Name of the Host Institution** |  |
| **Address of the Host Institution** |
| **Street** |  |
| **Postal code** |  |
| **Place** |  |

**The Internship Supervisor (at the Host Institution):**

|  |  |
| --- | --- |
| **Name and surname** |  |
| **Contact number** |  |
| **E-mail address** |  |

\*delete ad appropriate

\*\* Liability insurance (OC) is not mandatory, but the Receiving Institution for the internship may require the student to have a valid liability insurance policy (this mainly applies to students in the fields of Psychology, Cosmetology, Dietetics).

**INTERNSHIP PROGRESS CARD**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Working hours** **from-to**  | **Number of worked hours** | **Description of the implementation of tasks substantively related to the field of study and the student's learning outcomes, in accordance with the Internship Program and regulations for the field of study.** |
|  |  |  | **Introduction to the internship** |
|  |  |  | **Evaluation of the internship** |
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| **Total number of clock hours** |  | **NOTES:** |
| **Total number of didactic hours \*\*** |  |
| \* **The total number of internship hours includes**:1. The number of hours „Introduction to internship” course2. The number of hours of the internship completed at the Receiving Institution3. The number of hours for the „Internship evaluation” course\*\* Explanation: **1 didactic hour means 0,75 of a clock hour** **A common formula for converting clock (real-time) hours to didactic (teaching) hours is as follows:**Number of clock hours x 60 minutes/45 minutes = the number of didactic hours**A common formula for converting didactic (teaching) hours to clock (real-time) hours is as follows:**Didactic hour x 45 minutes/60 minutes = the number of clock hours Seal of the Host Institution and legible signature of the Internship Supervisor |

**ASSESSMENT OF THE EFFECTIVE IMPLEMENTATION OF LEARNING OUTCOMES BY A STUDENT– SHOULD BE FILLED IN BY THE INTERNSHIP SUPERVISOR OF THE HOST INSTITUTION**

(ALL ELEMENTS OF KNOWLEDGE, SKILLS, AND SOCIAL COMPETENCIES INDICATED IN THE PROGRAM AND REGULATIONS OF INTERNSHIP FOR THE GIVEN FIELD OF STUDY SHOULD BE CONSIDERED)

|  |  |
| --- | --- |
| **Learning outcomes adopted to an internship on the field of study** | **Assessment of implementing learning outcomes\*\*** |
| **Fully** | **Partialy** | **lack** |
| **Knowledge:** |
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| **Skills:** |
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| **Social competencies:** |
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\* The student independently fills in the learning outcomes in the areas of knowledge, skills, and social competences based on the "Internship Program and Regulations." The employer assesses the level of their achievement during the internship by placing an "X" in the appropriate box. Please follow the scope of duties/type of tasks performed by the student during the internship.

………………………………………………………………………………………

Seal and legible signature

of the Internship Supervisor of the Host Institution

**Statement of the Internship Supervisor at the Host Institution**

I hereby declare that while implementing by a student an internship all technical conditions and mentoring support were ensured, in particular:

* preparing a place of work for a student
* acquainted a student with duties and conditions of work, including work regulations.
* conducting necessary training compatible with student's position.
* monitor progress made in implementing internship program, their assessment.

…………………………………………………………………………………………

Seal and legible signature of the Internship Supervisor

of the Host Institution

**INTERNSHIP PROGRESS CARD EVALUATION**

|  |  |
| --- | --- |
| **Credits earned for internship.**(Filled in by a person who gives credits at the Host Institution) | **Credits earned for internship.**(Filled in by the University’s Internship Supervisor from the University) |
| **The start date of the internship at the Receiving Institution for the internship** | **The end date of the internship at the Receiving Institution for the internship** | **Number of didactical classes \*** | **Grade\*\*** | **Seal of the Host Institution and legible signature of the Internship Supervisor** | **Grade\*** | **Date** | **Signature and seal of the University’s Internship Supervisor** |
|  |  |  |  |  |  |  |  |

\* The number of teaching hours need to be the same as in “the Program and Regulation of the Internship

\*\* Scale of grades: very good, good, satisfactory, unsatisfactory, credited according to the Program and Regulation of the Internship for a giving field of study and education

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| --- |
| **Notes and opinions of the Internship Supervisor from the Host Institution** |
|  |
| …………………………………………………………………………………Seal and legible signature of the Internship Supervisor in the Host Institution  |