



Direzione di Polo
Medicina

UNIVERSITÀ
DI TORINO

**SATISFACTION QUESTIONNAIRE
CORPORATE TUTOR**

Host company/institution/laboratory: _____

Full name of Corporate Tutor: _____

Full name of the Trainee: _____

Internship period: _____

Full name of Academic Tutor(s): _____

Comments

| | |
|---|--|
| 1) Achievement of the educational objectives of the internship: <input type="checkbox"/> high <input type="checkbox"/> mid <input type="checkbox"/> low | |
| 2) Resource commitment: <input type="checkbox"/> high <input type="checkbox"/> mid <input type="checkbox"/> low | |
| 3) Degree of inclusion in the working group: <input type="checkbox"/> high <input type="checkbox"/> mid <input type="checkbox"/> low | |

| | |
|---|--|
| 4) Administrative support of the university's Job Placement office in the management of the internship: <input type="checkbox"/> high <input type="checkbox"/> mid <input type="checkbox"/> low | |
| 5) Compliance with workplace regulations: <input type="checkbox"/> high <input type="checkbox"/> mid <input type="checkbox"/> low | |
| 6) Consistency with the professional profiles required in the group/workplace: <input type="checkbox"/> high <input type="checkbox"/> mid <input type="checkbox"/> low | |
| 7) Interest in renewing experience: <input type="checkbox"/> high <input type="checkbox"/> mid <input type="checkbox"/> low | |

Place, date

.....

Corporate Tutor Signature:

.....