



- Original to be submitted to the University -

## Administrative Appraisal (as part of the degree course << Public Management >>)

Training period:  Introductory internship  Practical period

### Personal details

Name:		First name:	
Date of birth:			
Trainings period:	from:	to:	
Main focus:			

### Reference details of training location - § 24 Abs. 2 APrOVw gD oder nach § 3 APrOVw gD

Trainings location:			
Admin. office/field:			
Address:			
Contact person:			
E-Mail address:		Telephone:	

### Evaluator

Name:			
Admin. office/field:			
Address:			
Job title:			
E-Mail address:		Telephone:	

was graded with an average mark of .

- The appraisal was disclosed on \_\_\_\_\_ .
- The appraisal was reviewed.
- A review of the appraisal was not requested.

Place, date:

\_\_\_\_\_  
(Signature / candidate)

Place, date:

\_\_\_\_\_  
(Signature / training location)

Trainings location:			
Main focus:			
Training period:	from:		to:
Name:		Firstname:	
Date of birth:			

**Specific training content:**

Training location:			
Main focus:			
Training period:	from:		to:
Name:		Firstname:	
Date of birth:			

**Appraisal:** (see § 24 section. 2 cf. PDF - explanations re: appraisal)

**NB:** select only marks from the menu function, do not enter manually.

Marks with more than one decimal place are invalid.

Marks in accordance with § 29 Abs. 1 APrOVw gD (cf. explanations re: appraisal)						
	overview	very good	good	satisfactory	sufficient	insufficient
<b>Performane</b>						
Motivation		?	?	?	?	?
Work efficiency		?	?	?	?	?
Quality		?	?	?	?	?
<b>Skills</b>						
Perceptive ability/ Learning aptitude		?	?	?	?	?
Written Performance		?	?	?	?	?
Oral articulation		?	?	?	?	?
Flexibility		?	?	?	?	?
Independent working		?	?	?	?	?
<b>Development potential</b>						
Ability to manage future tasks which are beyond the level of the current activities		?	?	?	?	?
<b>Official conduct</b>						
Awareness of responsibility / reliability		?	?	?	?	?
Social competence/ teamspirit/ customer orientation		?	?	?	?	?
<b>Average:</b>						

Anmerkungen:

Training location:			
Main focus:			
Training period:	from:		to:
Name:		Firstname:	
Date of birth:			

**Times of Absence:**

Interruptions/ times of absence: please specify each day individually, e.g. ill, holiday, attendance of practice-oriented work groups, intro courses, other:

from	to	reason

**Please note:**

- for basic courses, state location
- for practice-oriented work groups, state location and main focus

Place, date: \_\_\_\_\_  
 (Signatur / intership)