

## **Proof and report from the school about the internship**

Integriertes Semesterpraktikum (ISP)

### **Personal Data**

Surname:	<input type="text"/>	Forname:	<input type="text"/>
Matriculation number:	Period of the internship: <input type="text"/>		
Course of studies:	<input type="text"/>		

### **Information about the support during the internship**

School Mentor:	<input type="text"/>		
School / Facility:	<input type="text"/>		
The schools postcode:	Location:	<input type="text"/>	
Country:	<input type="text"/>		

### **Information on the success or failure of the internship**

It is recommended to rate the internship as follows:

☐ **Successful**

☐ **Failed**

☐ It is strongly recommended a consultation on improving German language skills at the Ludwigsburg University of Education

The main reasons for the decision are listed on the next page or on the back page.

Student:

Matriculation number:

Formal requirements	fulfilled	not fulfilled
The permissible 10 sickness absence days were not exceeded.	<input type="checkbox"/>	<input type="checkbox"/>
Regular participation, at least 130 hours of internship, 4 days a week.	<input type="checkbox"/>	<input type="checkbox"/>
Internship and at least 30 separate attempts at teaching.	<input type="checkbox"/>	<input type="checkbox"/>
Portfolio: Lessons sketches were presented in full and on time.	<input type="checkbox"/>	<input type="checkbox"/>
Portfolio: The written reflection of the internship on the basis of the experience gained were fully presented in time and in at least sufficient quality.	<input type="checkbox"/>	<input type="checkbox"/>

**Report on success or failure of the internship:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Stamp/Seal of the school