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| **INTERNATIONAL HELLENIC UNIVERSITY**  **FACULTY of SOCIAL SCIENCES**    **DEPT. of EARLY CHILDHOOD EDUCATION & CARE**  **WORK PLACEMENT**  **RECORD BOOK** |
| **Work Placement Syllabus Outline**  The aim in work placement for the students in the Department of Early Childhood education & Care of the International Hellenic University is the application of the knowledge acquired during their studies.  This field work outline concerns a work placement period (3 months and more). During this period the student should be trained in all activities of the placement unit or service that are related to his/her specialty.  **Instructions on How to Fill in this Book**  The book of work placement is maintained by the trainee student throughout the duration of training process and cannot be replaced by any other document concerning student evaluation.  1. At the end of each month of work placement the trainee prepares a report on work experiences in the related part of this book (Tables 1).  2. The agency where the trainee works through a designated supervisor writes on a monthly basis summary reports of the trainee's performance by filling in the relevant table (Tables 2).  3. On a monthly basis the student's instructor also writes reports in the related part of this book (Table 3).  After the completion of the traineeship:  4. The trainee writes down in the related part of this book the general observations on his/her working experiences (Table a).  5. The agency where the trainee worked through the designated supervisor, writes down his/her comments in the related part of this book (Table b).  6. The student's instructor writes down his/her observations (Table c).  In the end the coordinator of the department, where the student belongs, evaluates the work placement process and writes down the final comments in the related part of this book. |

**PROFILE   
OF TRAINEE STUDENT**

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NAME

FATHER’S NAME

DATE OF BIRTH

PLACE OF BIRTH

PLACE OF RESIDENSE

STUDENT’S REGISTER NUMBER

OCCUPATION AGENT

OUTSET OF WORK PLACEMENT

TERMINATION OF WORK PLACEMENT

|  |  |
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| MONTLY PAGE IN WORK PLACEMENT (1)  MONTH: 1ST MONTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR …………. | |
| **SUMMARY OF ACCOMPLISHED WORK** | |
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| Trainee’s Signature  …………………………………………………  Date……………………………….. | For the agency, the supervisor  Name…………………………………….  Capacity………………………………..  Signature……………………………… |

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| 1ST MONTH: **MONTHLY PAGE IN WORK PLACEMENT (2)**  Page No…………………… week from……………………….to…………………………….. | | | | |
| Notes – Remarks: | | | | |
|  | | | **Trainee’s Signature**  **……………………………………………………** Date**………………………………..** | |
| **A BRIEF PROGRESS REPORT FOR THE TRAINEE**  **BY THE SUPERVISOR OF THE AGENCY** | | | | |
| TRAINEES COMPETENCE | VERY  GOOD | GOOD | AVERAGE | OBSERVATIONS Reasons for exceptional or  in-complete work |
| INITIATIVE |  |  |  |  |
| RESPONSI- BILITY |  |  |  |
| ABILITY TO  CO-OPORATE |  |  |  |
| QUALITATIVE  EFFICIENCY |  |  |  |
| QUANTITATIVE EFFICIENCY |  |  |  |
| KEEPING OF WORKING-HOURS |  |  |  |
| FOR THE AGENCY THE SUPERVISOR |
| Name…………………………………… Capacity………………………………..  Signature……………………………… Date……………………………………… |
| DILIGENCE-ZEAL ENTHUSIASM |  |  |  |

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| MONTHLY REPORT OF STUDENTS’ S INSTRUCTOR (3)  MONTH: 1ST MONTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SUBJECTS OF TRAINING IN FIELD WORK |
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| Signature of the Student’ s Instructor  ………………………………………………………….  Date…………………………………………………… |

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| MONTLY PAGE IN WORK PLACEMENT (1)  MONTH: 2ND MONTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **SUMMARY OF ACCOMPLISHED WORK** | |
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| Trainee’s Signature  …………………………………………………  Date……………………………….. | For the agency, the supervisor  Name…………………………………….  Capacity………………………………..  Signature……………………………… |

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| 2ND MONTH: **MONTHLY PAGE IN WORK PLACEMENT (2)**  Page No…………………… week from……………………….to…………………………….. | | | | |
| Notes – Remarks: | | | | |
|  | | | **Trainee’s Signature**  **……………………………………………………** Date**………………………………..** | |
| **A BRIEF PROGRESS REPORT FOR THE TRAINEE**  **BY THE SUPERVISOR OF THE AGENCY** | | | | |
| TRAINEES COMPETENCE | VERY  GOOD | GOOD | AVERAGE | OBSERVATIONS Reasons for exceptional or  in-complete work |
| INITIATIVE |  |  |  |  |
| RESPONSI- BILITY |  |  |  |
| ABILITY TO  CO-OPORATE |  |  |  |
| QUALITATIVE  EFFICIENCY |  |  |  |
| QUANTITATIVE EFFICIENCY |  |  |  |
| KEEPING OF WORKING-HOURS |  |  |  |
| FOR THE AGENCY THE SUPERVISOR |
| Name…………………………………… Capacity………………………………..  Signature……………………………… Date……………………………………… |
| DILIGENCE-ZEAL ENTHUSIASM |  |  |  |

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| MONTHLY REPORT OF STUDENTS’ S INSTRUCTOR (3)  MONTH: 2ND MONTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | SUBJECTS OF TRAINING IN FIELD WORK | |
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|  | | Signature of the Student’ s Instructor  ………………………………………………………….  Date…………………………………………………… |

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| MONTLY PAGE IN WORK PLACEMENT (1)  MONTH: 3RD MONTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **SYMMARY OF ACCOMPLISHED WORK** | |
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| Trainee’s Signature  …………………………………………………  Date……………………………….. | For the agency, the supervisor  Name…………………………………….  Capacity………………………………..  Signature……………………………… |

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| 3RD MONTH: **MONTHLY PAGE IN WORK PLACEMENT (2)**  Page No…………………… week from……………………….to…………………………….. | | | | |
| Notes – Remarks: | | | | |
|  | | | **Trainee’s Signature**  **……………………………………………………** Date**………………………………..** | |
| **A BRIEF PROGRESS REPORT FOR THE TRAINEE**  **BY THE SUPERVISOR OF THE AGENCY** | | | | |
| TRAINEES COMPETENCE | VERY  GOOD | GOOD | AVERAGE | OBSERVATIONS Reasons for exceptional or  in-complete work |
| INITIATIVE |  |  |  |  |
| RESPONSI- BILITY |  |  |  |
| ABILITY TO  CO-OPORATE |  |  |  |
| QUALITATIVE  EFFICIENCY |  |  |  |
| QUANTITATIVE EFFICIENCY |  |  |  |
| KEEPING OF WORKING-HOURS |  |  |  |
| FOR THE AGENCY THE SUPERVISOR |
| Name…………………………………… Capacity………………………………..  Signature……………………………… Date……………………………………… |
| DILIGENCE-ZEAL ENTHUSIASM |  |  |  |

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| MONTHLY REPORT OF STUDENTS’ S INSTRUCTOR (3)  MONTH: 3RD MONTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | SUBJECTS OF TRAINING IN FIELD WORK | |
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|  | | Signature of the Student’ s Instructor  ………………………………………………………….  Date…………………………………………………… |

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| MONTLY PAGE IN WORK PLACEMENT (1)  MONTH: 4TH MONTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **SYMMARY OF ACCOMPLISHED WORK** | |
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| Trainee’s Signature  …………………………………………………  Date……………………………….. | For the agency, the supervisor  Name…………………………………….  Capacity………………………………..  Signature……………………………… |

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| 4TH MONTH: **MONTHLY PAGE IN WORK PLACEMENT (2)**  Page No…………………… week from……………………….to…………………………….. | | | | |
| Notes – Remarks: | | | | |
|  | | | **Trainee’s Signature**  **……………………………………………………** Date**………………………………..** | |
| **A BRIEF PROGRESS REPORT FOR THE TRAINEE**  **BY THE SUPERVISOR OF THE AGENCY** | | | | |
| TRAINEES COMPETENCE | VERY  GOOD | GOOD | AVERAGE | OBSERVATIONS Reasons for exceptional or  in-complete work |
| INITIATIVE |  |  |  |  |
| RESPONSI- BILITY |  |  |  |
| ABILITY TO  CO-OPORATE |  |  |  |
| QUALITATIVE  EFFICIENCY |  |  |  |
| QUANTITATIVE EFFICIENCY |  |  |  |
| KEEPING OF WORKING-HOURS |  |  |  |
| FOR THE AGENCY THE SUPERVISOR |
| Name…………………………………… Capacity………………………………..  Signature……………………………… Date……………………………………… |
| DILIGENCE-ZEAL ENTHUSIASM |  |  |  |

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| MONTHLY REPORT OF STUDENTS’ S INSTRUCTOR (3)  MONTH: 4TH MONTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | SUBJECTS OF TRAINING IN FIELD WORK | |
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|  | | Signature of the Student’ s Instructor  ………………………………………………………….  Date…………………………………………………… |

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| MONTLY PAGE IN WORK PLACEMENT (1)  MONTH: 5TH MONTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **SYMMARY OF ACCOMPLISHED WORK** | |
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| Trainee’s Signature  …………………………………………………  Date……………………………….. | For the agency, the supervisor  Name…………………………………….  Capacity………………………………..  Signature……………………………… |

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| 5TH MONTH: **MONTHLY PAGE IN WORK PLACEMENT (2)**  Page No…………………… week from……………………….to…………………………….. | | | | |
| Notes – Remarks: | | | | |
|  | | | **Trainee’s Signature**  **……………………………………………………** Date**………………………………..** | |
| **A BRIEF PROGRESS REPORT FOR THE TRAINEE**  **BY THE SUPERVISOR OF THE AGENCY** | | | | |
| TRAINEES COMPETENCE | VERY  GOOD | GOOD | AVERAGE | OBSERVATIONS Reasons for exceptional or  in-complete work |
| INITIATIVE |  |  |  |  |
| RESPONSI- BILITY |  |  |  |
| ABILITY TO  CO-OPORATE |  |  |  |
| QUALITATIVE  EFFICIENCY |  |  |  |
| QUANTITATIVE EFFICIENCY |  |  |  |
| KEEPING OF WORKING-HOURS |  |  |  |
| FOR THE AGENCY THE SUPERVISOR |
| Name…………………………………… Capacity………………………………..  Signature……………………………… Date……………………………………… |
| DILIGENCE-ZEAL ENTHUSIASM |  |  |  |

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| MONTHLY REPORT OF STUDENTS’ S INSTRUCTOR (3)  MONTH: 5TH MONTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | SUBJECTS OF TRAINING IN FIELD WORK | |
|  | ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- | |
|  | | Signature of the Student’ s Instructor  ………………………………………………………….  Date…………………………………………………… |

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| MONTLY PAGE IN WORK PLACEMENT (1)  MONTH: 6TH MONTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **SYMMARY OF ACCOMPLISHED WORK** | |
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| Trainee’s Signature  …………………………………………………  Date……………………………….. | For the agency, the supervisor  Name…………………………………….  Capacity………………………………..  Signature……………………………… |

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| 6TH MONTH: **MONTHLY PAGE IN WORK PLACEMENT (2)**  Page No…………………… week from……………………….to…………………………….. | | | | |
| Notes – Remarks: | | | | |
|  | | | **Trainee’s Signature**  **……………………………………………………** Date**………………………………..** | |
| **A BRIEF PROGRESS REPORT FOR THE TRAINEE**  **BY THE SUPERVISOR OF THE AGENCY** | | | | |
| TRAINEES COMPETENCE | VERY  GOOD | GOOD | AVERAGE | OBSERVATIONS Reasons for exceptional or  in-complete work |
| INITIATIVE |  |  |  |  |
| RESPONSI- BILITY |  |  |  |
| ABILITY TO  CO-OPORATE |  |  |  |
| QUALITATIVE  EFFICIENCY |  |  |  |
| QUANTITATIVE EFFICIENCY |  |  |  |
| KEEPING OF WORKING-HOURS |  |  |  |
| FOR THE AGENCY THE SUPERVISOR |
| Name…………………………………… Capacity………………………………..  Signature……………………………… Date……………………………………… |
| DILIGENCE-ZEAL ENTHUSIASM |  |  |  |

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| MONTHLY REPORT OF STUDENTS’ S INSTRUCTOR (3)  MONTH: 6TH MONTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | SUBJECTS OF TRAINING IN FIELD WORK | |
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|  | | Signature of the Student’ s Instructor  ………………………………………………………….  Date…………………………………………………… |

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| TRAINEE’S GENERAL NOTES – OBSERVATIONS ON WORK EXPERIENCES (a) | |
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|  | Signature of trainee  ………………………………………………………………..  Date…………………………………….. |

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| WORK PLACEMENT SUPERVISOR GENERAL NOTES  AND OBSERVATIONS (b) | |
| -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- | |
|  | Signature of work placement supervisor  ………………………………………………………………..  Date…………………………………….. |

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| STUDENTS’ S INSTRUCTOR  GENERAL NOTES AND OBSERVATIONS (c) | |
| -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- | |
|  | Signature of student’ s instructor  ………………………………………………………………..  Date…………………………………….. |