

|  | **INSTITUTO FEDERAL DO CEARÁ**1. campus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**RELATÓRIO SEMESTRAL DE ATIVIDADES**

(Entregue pelo supervisor a cada 6 meses de estágio)

* **IDENTIFICAÇÃO DA CONCEDENTE DO ESTÁGIO**

| NOME EMPRESARIAL (CADASTRO NO CNPJ) | N° CNPJ |
| --- | --- |
| SUPERVISOR DO ESTÁGIO | FONE |

* **IDENTIFICAÇÃO DO ESTÁGIO**

| NOME DO ESTAGIÁRIO | MATRÍCULA |
| --- | --- |
| CURSO | FONE |
| PROFESSOR ORIENTADOR DO IFCE |

1. **Atividades desenvolvidas durante o estágio no período de:** \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ a \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

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1. **Avaliação do Estagiário**

| Atribua valores de 1 a 4 de acordo com os conceitos para as características do estagiário.( 1 ) Insatisfatório( 2 ) Pouco satisfatório ( 3 ) Satisfatório ( 4 ) Muito satisfatório |
| --- |
| ( ) Assiduidade( ) Atendimento às orientações( ) Comunicação( ) Cooperação( ) Disciplina( ) Conhecimento adquirido no estágio( ) Pontualidade( ) Pontualidade na entrega de documentos( ) Proatividade( ) Produtividade( ) Qualidade no desempenho das atividades( ) Relacionamento interpessoal( ) Responsabilidade |

1. **Observações / comentários / sugestões**

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Estudante Estagiário

(Assinatura)

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Supervisor do Estágio

(Assinatura e carimbo)