

|  | **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)