



SUPERVISOR'S REPORT*

(Please note that the supervisor is not a member of OIFQ)

TRAINEE

| | |
|---|---|
| NAME : _____ | |
| ADDRESS : _____ _____ _____ (Postal code) | HOME ADDRESS : _____ (parents) _____ _____ (Postal code) |
| TELEPHONE : _____ LAVAL UNIVERSITY REGISTRATION NUMBER : _____ | TELEPHONE : _____ |

SUPERVISOR

| NAME : _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------------|----------------------------|-------|--------------------------|-------|-------------------|-------|----------------|-------|------------|-------|----------------------|-------|---|-------|----------------|-------------------|-------|-----------------------------|-------|--------------------------------|-------|--------------------------------|-------|------------------------|-------|---------------|-------|-------------|-------|
| TITLE : _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ORGANIZATION : _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WORK ADDRESS : _____ _____ (Postal code) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TELEPHONE : _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRAINING EXPERIENCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Period : From _____ (date) to _____ (date) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Field</th> <th style="width: 20%;">Number of days</th> </tr> </thead> <tbody> <tr><td>Forest Resource Management</td><td>_____</td></tr> <tr><td>Ecology and Soil science</td><td>_____</td></tr> <tr><td>Forest evaluation</td><td>_____</td></tr> <tr><td>Urban forestry</td><td>_____</td></tr> <tr><td>Management</td><td>_____</td></tr> <tr><td>Forest inventory and</td><td>_____</td></tr> </tbody> </table> | Field | Number of days | Forest Resource Management | _____ | Ecology and Soil science | _____ | Forest evaluation | _____ | Urban forestry | _____ | Management | _____ | Forest inventory and | _____ | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Field</th> <th style="width: 20%;">Number of days</th> </tr> </thead> <tbody> <tr><td>Forest operations</td><td>_____</td></tr> <tr><td>Protection and conservation</td><td>_____</td></tr> <tr><td>Silviculture and reforestation</td><td>_____</td></tr> <tr><td>Utilization and transformation</td><td>_____</td></tr> <tr><td>Others (Specify) _____</td><td>_____</td></tr> <tr><td>First total :</td><td>_____</td></tr> <tr><td>Over time :</td><td>_____</td></tr> </tbody> </table> | Field | Number of days | Forest operations | _____ | Protection and conservation | _____ | Silviculture and reforestation | _____ | Utilization and transformation | _____ | Others (Specify) _____ | _____ | First total : | _____ | Over time : | _____ |
| Field | Number of days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Forest Resource Management | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ecology and Soil science | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Forest evaluation | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urban forestry | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Management | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Forest inventory and | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field | Number of days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Forest operations | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Protection and conservation | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Silviculture and reforestation | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utilization and transformation | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Others (Specify) _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First total : | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Over time : | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF ACTIVITIES Briefly describe all training activities. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | TOTAL : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* Also available in french/Aussi disponible en français

TO THE SUPERVISOR

You have taken the responsibility to supervise a trainee for a portion of the training period required by the Ordre des ingénieurs forestiers du Québec. This introduction to the forestry profession is important for the trainee's education.

This questionnaire must also be signed by the Quebec forest engineer responsible for the trainee's work. All sections of this questionnaire must be filled.

Please note

Comments should reflect the results obtained by the trainee in assuming his or her responsibilities, as well as his or her performance in carrying out these responsibilities.

Evaluation must be limited to the training period.

Evaluation must be based on facts.

Strong and weak points of the trainee's performance might have been indicated to him or her during the course of the work period. In light of these comments, improvement efforts by the trainee should be taken into account.

EVALUATION CRITERIA

The trainee will be evaluated by the supervising forest engineer according to the following criteria. Briefly state and justify your evaluation for each criteria.

- 1.

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| WORK ORGANIZATION |
|--------------------------|

 Evaluate the trainee's ability to plan and execute, to apply rules and techniques, to ensure accuracy and neatness of work and to pay attention to details.

Comments and justification

2.

EXECUTION OF WORK

Evaluate the trainee’s ability to collaborate readily, to apply knowledge, to follow directives, to resolve practical difficulties, to be practical and inquisitive and to show technical skills.

Comments and justification

3.

PROFESSIONAL TRAITS

Evaluate the trainee’s sense of observation and ability for synthesis, flexibility to changes in the work environment, sense of responsibility, punctuality, assiduity, professional attitude and consciousness, efficiency, ability to decide and willingness to take responsibilities.

Comments and justification

4.

PERSONAL TRAITS

Evaluate the trainee’s sense of initiative, self-appraisal, creativity in problem solving, communication skills, leadership, enthusiasm, self-control and respect for others.

Comments and justification

GENERAL COMMENTS

SUPERVISOR'S SIGNATURE (non member of OIFQ)

I, the undersigned _____ , certify that, to the best of my knowledge, the information provided above is accurate.

_____ .

Date Supervisor's signature

SUPERVISING FOREST ENGINEER (member of OIFQ)

I, the undersigned _____ , certify that I have examined all informations provided above.

_____ ,ing.f.

Date Forest engineer's signature

