**RELATÓRIO DE ACOMPANHAMENTO DE ESTÁGIO A SER PREENCHIDO PELO ORIENTADOR – MODALIDADE DE TRABALHO REMOTO**

( ) Estágio Obrigatório ( ) Estágio Não Obrigatório

Unidade Concedente de Estágio (UCE):

Endereço:

Bairro: Cidade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Telefone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor de Estágio na UCE:

Estagiário: Código:

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telefone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Curso: Período:

Vigência do Estágio: / / a / / Horário do Estágio: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professor Orientador: \_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | CONCORDO TOTALMENTE | CONCORDO PARCIALMENTE | NÃO CONCORDO NEM DISCORDO | DISCORDO PARCIALMENTE | DISCORDO TOTALMENTE |
| **As atividades realizadas pelo estagiário:** | | | | | |
| a) São compatíveis com o curso. |  |  |  |  |  |
| b) Estão previstas no Plano de Estágio. |  |  |  |  |  |
| c) Permitem que aplique os conhecimentos teóricos e práticos obtidos no curso. |  |  |  |  |  |
| d) Permitem a aquisição de novos conhecimentos. |  |  |  |  |  |
| e) Satisfazem as expectativas da UCE. |  |  |  |  |  |
| **O ambiente em que estão sendo desenvolvidas as atividades de estágio:** | | | | | |
| a) Possui condições materiais, técnicas e instalações para o desenvolvimento das atividades. |  |  |  |  |  |
| **O Supervisor de Estágio:** | | | | | |
| a) Acompanha as atividades realizadas pelo estagiário. |  |  |  |  |  |
| b) Auxilia o estagiário na solução de problemas ou dificuldades. |  |  |  |  |  |
| **O Estágio pode continuar:** | | | | | |
| a) Sem modificação nas atividades previstas no Plano de Estágio. |  |  |  |  |  |
| b) O ambiente fornece condições para o desenvolvimento das atividades. |  |  |  |  |  |

Quando assinalado DISCORDO PARCIALMENTE e/ou DISCORDO TOTALMENTE, apresente os motivos

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assinatura do professor orientador | |