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|  **Encuesta de Satisfacción de Servicio Social y/o Prácticas Profesionales para Empresas/Instituciones**  |
|  |  |  |  |  |  |  |  |
| **Instrucciones:** La encuesta debe ser llenada por un representante de la empresa/institución, una vez que el alumno concluya su servicio social, práctica profesional o proyecto especial, según sea el caso. Llenar un formato por cada alumno y responder cada pregunta con un solo valor. Favor de utilizar letra de molde legible o máquina. |
|   |   |   |   |   |   |   |   |
| **Fecha de aplicación de encuesta (dd/mm/aaaa):** |   |
| Categoría (Marque con una X) | Servicio Social  |   | Prácticas Profesionales |   | Proyecto Especial  |   |
| Fecha de inicio | Día: |   | Mes: |   | Año: |   |
| Fecha de término | Día: |   | Mes: |   | Año: |   |
| Horas cubiertas  |   |
|   |   |
| **I. DATOS DE LA EMPRESA/INSTITUCIÓN RECEPTORA** |
| Nombre de la Empresa o Institución |   |
| Nombre del responsable |   |
| Cargo |   |
|   |
| **II. DATOS DEL ALUMNO**  |
| Nombre |   |
| Plantel del CONALEP |   |
| Carrera |   |
|   |
| **III. ENCUESTA** (Contestar con una X, un solo valor por cada pregunta) |
| ***1. ASISTENCIA***  |
| Indique como fue la asistencia del alumno de acuerdo al tiempo que se estableció para su estadía en su empresa/institución. |
|   | Mala | Regular | Aceptable | Buena | Excelente |  |   |
|   | 1 | 2 | 3 | 4 | 5 |  |   |
| ***2.CONOCIMIENTOS***  |
| De acuerdo al desempeño del alumno en su empresa/institución, indique el nivel de conocimientos en su área de estudio. |
|   | Malo | Regular | Aceptable | Bueno | Excelente |  |   |
|   | 1 | 2 | 3 | 4 | 5 |  |   |
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|   |   |   |   |   |   |   |   |
| ***3. INICIATIVA*** |
| Indique como considera que fue la iniciativa del alumno para resolver problemas relacionados con su área de estudio. |
|   | Mala | Regular | Aceptable | Buena | Excelente |  |   |
|   | 1 | 2 | 3 | 4 | 5 |  |   |
|   |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |   |
| ***4 DISPONIBILIDAD***  |
| Indique como fue la disponibilidad del alumno para realizar actividades vinculadas con su área de estudio. |
|   | Mala | Regular | Aceptable | Buena | Excelente |  |   |
|   | 1 | 2 | 3 | 4 | 5 |  |   |
|   |   |   |   |   |   |   |   |
| ***5.SATISFACCIÓN*** |
| ¿Qué tan satisfechos se quedó con el desempeño del alumno en su empresa/institución? |
|   | Mala | Regular | Aceptable | Buena | Excelente |  |   |
|   | 1 | 2 | 3 | 4 | 5 |  |   |
|   |   |   |   |   |   |   |   |
| **Comentarios o sugerencias\*** |
|  |
| \*Opcional |  | Sello de la empresa  |  |   |   |   |
|   |   |   |   | **Firma del responsable** |   |
|  |  |  |  |  |  |  |  |

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