**Traineeship Evaluation**

**Project number: 2016-1-PT01-KA103-022403**

**Academic year: 2016/2017**

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| **NAME OF THE SENDING INSTITUTION**:  School:  Institutional Erasmus Coordinator:  Tel.: + 351 ----------- Fax: + 351 ------------- E-mail: ---------------- |

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| **NAME OF THE STUDENT**:  Date and place of birth:      Gender: |

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| **NAME OF THE HOST ORGANISATION**:  Field of Activity:  Full Address:  Coordinator’s name :  Tel.:: +       E-mail: |
|  |
| **DURATION OF THE MOBILITY**  Start of the mobility period  End of the mobility period |

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| **PLEASE EVALUATE THE TRAINEE’S WORK BY TICKING THE BOXES** | **Excellent** | **Very good** | **Good** | **Average** | **Week** | **Very week** | **Unacceptable** |
| **1. Integration into work environment.** |  |  |  |  |  |  |  |
| **2. Dynamism and motivation** |  |  |  |  |  |  |  |
| **5 . Ability to apply knowledge in the course of the project/tasks** |  |  |  |  |  |  |  |
| **6 . Ability to develop new knowledge in the course of the project/tasks** |  |  |  |  |  |  |  |
| **7. Flexibility** |  |  |  |  |  |  |  |
| **8. Sense of organization** |  |  |  |  |  |  |  |
| **9. Teamwork skills** |  |  |  |  |  |  |  |
| **10. Ability for (intercultural) communication** |  |  |  |  |  |  |  |
| **11. Reliability** |  |  |  |  |  |  |  |
| **12. Observance of working rules (attendance, punctuality, safety, …)** |  |  |  |  |  |  |  |
|  |  | | | | | | | |
| **ECTS GRADE**  (please choose one of the grading letters on the right) | A - EXCELLENT – outstanding performance with only minor errors  B - VERY GOOD – above the average standard but with some errors  C - GOOD – generally sound work with a number of notable errors  D - SATISFACTORY – fair but with significant shortcomings  E - SUFFICIENT – performance meets the minimum criteria  F - FAIL – some work required before the credit can be awarded  XF - FAIL – considerable further work is required | | | | | | | |

**Further advice or information – this information is not compulsory but it would help us improve the traineeships in the future:**

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| ***What led you to offer student training placements?*** |  |

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| ***This training was relevant to your organization?*** | **Yes** |  | **No** |  |
|  |  |  |  |  |
| ***Would you take on this trainee, if you were in a position to recruit a new graduate?*** | **Yes** |  | **No** |  |
|  |  |  |  |  |
| ***Did you find the trainee had any language problem?*** | **Yes** |  | **No** |  |

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| ***Are there any subject areas or skills that need improvement?*** |  |

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| Date: | Signature of the coordinator at the host organization  ……………………………………………… | Stamp: |

NB: This document is not valid without the coordinator’s signature and the official stamp of the organisation.