**ERASMUS+ TRAINEESHIP MOBILITY**

**EVALUATION FORM (Incoming Students)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name-Surname of the trainee:** | | | | | | |
| ***Please tick the boxes according to the explanations below;***  ***A: Excellent, B: Very good, C: Good, D: Satisfactory, E: Sufficient, F: Fail*** | | | | | | |
| **Criteria:**  Explanation | **A** | **B** | **C** | **D** | **E** | **F** |
| **Commitment:**  Motivation in fulfilling commitments and responsibilities |  |  |  |  |  |  |
| **Completion of work:**  Assignments that are completed consistently, with integrity and care |  |  |  |  |  |  |
| **Responsible:**  Ability to manage own behavior without supervision |  |  |  |  |  |  |
| **Planning & Meeting Goals:**  Planning and meeting goals completely on time |  |  |  |  |  |  |
| **Prioritize & Time management**  Ability to prioritize goals and effective time management skills |  |  |  |  |  |  |
| **Uses resources:**  Ability to gather information to complete tasks without support |  |  |  |  |  |  |
| **Participation:**  Attendance |  |  |  |  |  |  |
| **Content knowledge:**  Enough content knowledge to fulfill the requirements |  |  |  |  |  |  |
| **Overall performance:** |  |  |  |  |  |  |

**Mentor’s name-surname: Institutional Erasmus Coordinator:   
   
Signature & Stamp: Signature & Stamp:**

**Date: Date:**