**ERASMUS+ TRAINEESHIP MOBILITY**

**EVALUATION FORM (Incoming Students)**

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| **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:**