**Staff Mobility Evaluation Form**

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| **Participant information** |
| Name and surname:  |       |
| Sending University:  |       |
| Office/ Department: |       |
| Position:  |       |

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| **Training activity information** |
| Type of mobility: | * Organised staff training week
* Job shadowing
* Individual training
 |
| Title/Subject: |       |
| Hosting university: |       |
| Period: |       |
| Training hours: |       |

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| **Ratings** |
|  | 1= Poor | 2 = Fair | 3 = Good | 4 = Very Good | 5 = Excellent | Not applicable |
| *Punctuality and training attendance* |       |       |       |       |       |       |
| *Initiative* |       |       |       |       |       |       |
| *Collaboration/ team work* |       |       |       |       |       |       |
| *Expression and communication abilities* |       |       |       |       |       |       |
| *Technical competencies* |       |       |       |       |       |       |
| *If other, specify\*:*       |       |       |       |       |       |       |

*\* Add or delete skills as necessary according to the objectives, outcomes and impact described in the staff “Mobility Agreement for Training”.*

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| **Average rating:** |       |

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| **Overall Comments** |
|       |

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| **Evaluation Panel Information** |
| Evaluated by:  |       |
| Position: |       |
| Place and date: |       |
| Signature and seal: |       |

Fine modulo