**Staff Mobility Evaluation Form**

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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