**ERASMUS+ - STUDENT TRAINEESHIP**

**EVALUATION FORM**

 **ACADEMIC YEAR 20…-20…**

NAME OF SENDING INSTITUTION: **DEMOCRITUS UNIVERSITY OF THRACE**

FACULTY – DEPARTMENT: ........................................

FACULTY COORDINATOR: Name: ……………………………….

tel.: ........................................................ e-mail: .............................................................

NAME OF STUDENT: ............................................................

DUTh student number............................

Period of Erasmus student placement at host institution:

from: …../...../202..... to: ...../...../202....... total in months: ……………

NAME OF HOST INSTITUTION/ORGANISATION: ........................................................

…………………………………………………………………………….................................

Address ........................................................................

............................................................................

Coordinator of the placement (Mentor): .................................................................

..........................................................

tel.: ................................................. e-mail: ..................................................................

**Evaluation**:

1=unsatisfactory; 2=needs improvement; 3=satisfactory; 4=above average; 5=outstanding

 SCORE

* Quality of work (accurate and thorough) …
* Quantity of work (met goals set by department) …
* Use of time (efficient/effective use of time to complete tasks) …
* Initiative (ability to work independently) …
* Communication skills …
* Grasp of subject (understanding of applicable standards and procedures) …
* Ability to apply classroom experience to real time projects …
* Creativity …
* Job judgement (ability to make appropriate work related decisions) …
* Interpersonal relations/teamwork …
* Adaptability (ability to alter activities to accommodate change) …
* Dependability …
* Punctuality …
* Attendance …
* Problem solving/critical thinking skills …

Strengths of intern:

Areas for improvement:

What do you think the student gained from the internship?

Above mentioned student has accomplished an Erasmus student placement at our institution under my supervision, during a period confirmed in this form.

NAME AND FIRST NAME MENTOR:

FUNCTION WITHIN THE HOST ORGANISATION:

DATE:

SIGNATURE: