



**ERASMUS PLUS  
MOBILITY FOR TRAINEESHIP**

**FINAL EVALUATION FORM**

*To be completed at the end of the traineeship*

Official name of the receiving organization/enterprise: \_\_\_\_\_

Address of the receiving organization/enterprise: \_\_\_\_\_

\_\_\_\_\_

Name of the responsible person in the receiving organization/enterprise: \_\_\_\_\_

Name of the trainee: \_\_\_\_\_

Start and end of the traineeship: from (day, month, year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ till (day, month, year) \_\_\_\_ /  
\_\_\_\_ / \_\_\_\_\_

Duration of the traineeship: \_\_\_\_\_

Total amount of hours carried out by the trainee: \_\_\_\_\_

Traineeship title: \_\_\_\_\_

Detailed programme of the traineeship period including tasks carried out by the trainee:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved):

\_\_\_\_\_

MIUR  
AFAM  
ISIA



DESIGN

Ministero dell'Istruzione, Università e Ricerca  
Alta Formazione Artistica, Musicale e Coreutica  
FIRENZE



**ISIA**

*Firenze*

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Evaluation of the trainee:

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Date: \_\_\_\_\_

**Signature of the responsible person**

**at the receiving organization/enterprise:**

**Receiving organization/enterprise**

**Stamp:**

**ISIA FIRENZE**  
DESIGN

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