



**ERASMUS+ KA1
STAFF'S EVALUATION FOR MOBILITY
Academic Year: 20..... – 20.....**

Surname:
Name:
Mobility Period:
Email:

Details of Host University/Organization	
Name	Address
Country	City
Supervisor Name	
Tel	Fax
Email	

Evaluation Form
Please answer the following questions
Please elaborate on the activities you engaged in at the Host University/organization
Please explain how your visit has contributed to the further development of the collaboration between the two institutions
Please discuss the impact of this mobility on your professional development
Other comments/recommendations