



EVALUATION FORM FOR PRACTICAL ACTIVITIES

HOSPITAL UNIT _____

TRAINEE SURNAME AND NAME _____

HOME INSTITUTION _____

SUPERVISOR SURNAME AND NAME _____

EVALUATION	MARKS				
Presenza e puntualità <i>Attendance and punctuality</i>	A	B	C	D	E
Atteggiamento <i>Attitude</i>	A	B	C	D	E
Coinvolgimento e integrazione <i>Involvement and integration</i>	A	B	C	D	E
Miglioramento delle conoscenze <i>Improving knowledges</i>	A	B	C	D	E
Miglioramento delle abilità <i>Improving skills</i>	A	B	C	D	E
Iniziativa <i>Initiative</i>	A	B	C	D	E

SINTESI DELLA VALUTAZIONE SUMMARY	A	B	C	D	E
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Date _____

Supervisor Signature and Stamp _____

ECTS GRADE	%	DEFINITION	ITALIAN GRADE	ECTS GRADE	%	DEFINITION	ITALIAN GRADE
A	10	EXCELLENT	30 cum laude - 28	D	90	SATISFACTORY	22 - 21
B	35	VERY GOOD	27 - 26	E	100	SUFFICIENT	20 - 18
C	65	GOOD	25 - 23	F - FX		FAILED	