

ECVET for work-based learning

Logo and contact of the sending institution

ATTENDANCE REGISTER

Trainee information	
Name	
Surname	
Training period	From/...../..... To/...../.....
E-mail	

Host organization information	
Name of the organization	
Country	
Address	
Contacts	Tel.: E-mail:
Tutor's name	
Tutor's surname	
Tutor's contacts	Tel.: E-mail:

Students' activity log

Month _____

Week 1	From:/...../.....	To:/...../.....
Day	Activities/ Tasks/ Mansions	Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Total (hours)		
Trainee's additional comments		
Signature of the Trainee (NAME SURNAME)	Stamp and signature of the Tutor (NAME SURNAME)	

Note: Please print one page for each week

Students' activity log

Month _____

Week 1	From:/...../..... To:/...../.....			
Trainee's evaluation				
Tasks	Excellent	Good	Fair	Poor
Tutor's comments				
Date:/...../.....	Stamp and signature of the Tutor (NAME SURNAME)			

Note: Please print one page for each week

Final trainee's skills evaluation				
(Please evaluate the trainee's level of achievement of the following skills)				
Skills	Excellent	Good	Fair	Poor
Daily attendance				
Punctuality				
Interest				
Readiness to learn				
Initiative				
Responsibility				
Efficiency in task achievement				
Quality performance				
Time and work management				
Team work				
Technical skills				
Other				

