



Education and Culture DG

Lifelong Learning Programme

Report Form

Call: 2011

Assistantship

Form version: 2.5 / Adobe Reader version: 9.401

THIS FORM IS ONLY FOR TESTING AND ONLY FOR INTERNAL EUROPEAN COMMISSION / NATIONAL AGENCIES USE. PLEASE DO NOT DISTRIBUTE!

A. GENERAL INFORMATION

A.1. NOTE FOR COMENIUS ASSISTANTS

Please complete and submit this form electronically then print and send a signed copy to your National Agency.

A.2. NOTE FOR HOST SCHOOLS

Please send this report, duly completed and signed, to your National Agency within one month after the end of the assistantship.

B. SUBMISSION

B.1. CONTEXT

If you are an individual applicant who undertook a Comenius Assistantship, please choose option: "Comenius Assistants" in the Action field.


If you are a school which hosted an assistant under Comenius, please choose option: "Host Schools for Comenius Assistants" in the Action field.

Programme	LIFELONG LEARNING PROGRAMME
Sub-programme	COMENIUS
Action type	Assistantships
Action	COMENIUS Assistantships (HOST SCHOOLS)
Call	2011

B.2. DATES

From (dd-mm-yyyy)	
To (dd-mm-yyyy)	

B.3. PROJECT IDENTIFIERS

Grant agreement no.	2011-1-GR1-COM05-00140
Name of host school	Specimen - Do not use
Submission id	
Form hash code	 AC39B14841E0DDC0

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B.4. NATIONAL AGENCY

Identification

GR1 LLP (IKY)

Postal address

Makri 1 & Dionysiou Areopagitou, 11742, Athens Greece

Email address

llpeforms@iky.gr

Helpdesk

llpeforms@iky.gr

Website

www.iky.gr

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C. IDENTIFICATION OF THE BENEFICIARY

C.1. HOST SCHOOL

Full legal name (national language)	Specimen - Do not use
Full legal name (latin characters)	Specimen - Do not use
Acronym	Abbr Leg Name
National id (if requested by the NA)	Nat Id
Commercial orientation	Not for Profit (NP)
Scope	european (E)
Legal status	public (PB)
Size (staff)	
Legal address	Legal address
Postal code	postal code
City	City
Country	EL - GREECE
Region	
Telephone 1	Phone 1
Telephone 2	Phone 2
Fax	Fax
Email	Email
Website	Website

C.2. ASSISTANT

Title	
Gender	
First name	
Family name	

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Email

[Empty text box for email address]

D. PROJECT DESCRIPTION

D.1. ASSISTANTSHIP IMPACT

Please describe which opportunities were given to the Assistant and what he/she learned in terms of:

Pedagogical methods and teaching/learning practices

[Empty text box for pedagogical methods and teaching/learning practices]

Language of your country

[Empty text box for language of your country]

Other foreign languages

[Empty text box for other foreign languages]

Culture of your country

[Empty text box for culture of your country]

Subject(s) taught

[Empty text box for subject(s) taught]

Please describe what the pupils/learners and the host school learned from the assistant in terms of:

Assistant's mother tongue

[Empty text box for assistant's mother tongue]

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Empty orange bar

The culture of the assistant's country of origin

Empty orange box

The subject(s) taught by the assistant

Empty orange box

Language competencies in general

Empty orange box

Did the Assistant – to your knowledge – have contacts with the local community apart from the school?

Empty orange bar

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E. PROJECT IMPLEMENTATION

E.1. PREPARATION FOR THE ASSISTANTSHIP

How did your institution prepare for the assistantship?

(Please specify the concrete activities undertaken before the assistantship started, such as: looking for information about the Comenius Assistantships/Lifelong Learning Programme, about the assistant's country of origin, discussions with institution staff, contacts with the future assistant, participation in the induction meeting organised by your NA, etc).

Reception

What concrete measures were undertaken upon assistant's arrival?

(Please mention whether you introduced the assistant to the teachers and pupils in the school, to the parents and members of the local community, whether the school supported the assistant finding suitable accommodation and meals, etc).

Did the assistant leave earlier than planned?

E.2. WORKPLAN AND TASKS

What tasks (curricular and extra-curricular) did the assistant undertake?

Were the tasks planned on the basis of the objectives and activities proposed in your own and your assistant's application forms and/or in the agreement between yourself and your assistant?

Did the assistant help you develop or prepare a European cooperation project?

E.3. MANAGEMENT

Did you monitor and evaluate, together with the assistant, the progress of the assistantship?

How was the monitoring done?



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[Empty orange box for text entry]

Did the monitoring lead to changes in the tasks and activities? Please explain.

[Empty orange box for text entry]

If the assistant worked in more than one host institution, please explain how the assistant's work was coordinated and organised.

[Empty yellow box for text entry]

E.4. EVALUATION

Did the duration of the assistantship correspond to the duration requested in the application?

[Empty orange box for text entry]

Please explain your choice

[Empty orange box for text entry]

To what extent did the assistantship fulfil your objectives as set out in the application?

[Empty orange box for text entry]

Please explain your choice

[Empty orange box for text entry]

E.5. DISSEMINATION OF INFORMATION GAINED FROM EXPERIENCE

How did/will you inform others about your experience with the Comenius Assistantship?

[Empty orange box for text entry]

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[Empty orange box]

F. PARTICIPANTS AND ACTIVITY TABLES

F.1. PARTICIPANTS

Please enter the number of pupils taught.

Total number of pupils taught

[Empty orange box for number of pupils]

Did the assistant work with pupils/learners who needed special learning support?

[Empty orange box for special learning support]

F.2. SUMMARY OF ACTIVITIES

Please input the activity type (e.g. curricular, extra-curricular, European project, language club, etc.) or select the subject taught from the drop down, specify in which language the activity or the subject were delivered and the number of hours per week your Assistant spent on them.

Add lines in order to input all activities and subjects in which your Assistant was involved during the assistantship.

Activity type	Subject taught	Teaching language	Number of hours per week
Number of hours per week in total			0

G. LESSONS LEARNED

G.1. IMPROVEMENTS

Please provide any further comments and suggestions for the improvement of the COMENIUS Assistantships and/or information you would like to pass on to future assistants and/or hosts schools.

[Empty yellow box for improvements]

G.2. PROBLEM HANDLING

Please describe any difficulty encountered before, during and after the assistantship (if applicable).

[Empty yellow box for problem handling]

H. DATA PROTECTION NOTICE

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PROTECTION OF PERSONAL DATA

The grant application will be processed by computer. All personal data (such as names, addresses, CVs, etc.) will be processed in accordance with Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data. Information provided by the applicants necessary in order to assess their grant application will be processed solely for that purpose by the department responsible for the programme concerned. On the applicant's request, personal data may be sent to the applicant to be corrected or completed. Any question relating to these data, should be addressed to the appropriate Agency to which the form must be submitted. Beneficiaries may lodge a complaint against the processing of their personal data with the European Data Protection Supervisor at anytime.

<http://www.edps.europa.eu/>

I. SUBMISSION

Before submitting the form electronically, please validate it. Please note that only the final version of your form should be submitted electronically.

I.1. DATA VALIDATION

Validation of compulsory fields and rules

I.2. SUBMISSION SUMMARY

This table provides additional information (log) of all form submission attempts, particularly useful for the National Agencies in case of multiple form submissions.

Number	Time	Event	Form hash code	Status
1	2011-04-08 16:00:17 *	Form has not been submitted yet	AC39B14841E0DDC0	Unknown

* means local PC time, which is not trusted and cannot be used for claiming that the form has been submitted in time

I.3. STANDARD SUBMISSION PROCEDURE

Online submission (requires internet connection)

I.4. ALTERNATIVE SUBMISSION PROCEDURE

Creates a file to be sent by email to the National Agency

(To be used ONLY if online submission is not available. Please see instructions about this procedure in the "Applicant Guide")

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J. SIGNATURE

The declaration has to be signed by the mentor and the person legally representing the host institution/organisation.

We, the undersigned, certify that the information contained in this Report Form is correct to the best of our knowledge

Place: _____ Date: _____

Name and position (in capital letters): _____

Signature of the mentor: _____

Place: _____ Date: _____

Name and position of the Head of institution/organisation: _____

Signature of the Head of institution/organisation: _____

Stamp of the institution/organisation (if applicable): _____

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