

ERASMUS+ KA1

PEDAGO [INSTITUTO SUPERIOR DE CIÊNCIAS EDUCATIVAS; INSTITUTO SUPERIOR DE CIÊNCIAS EDUCATIVAS DO DOURO] – P LISBOA 97

ERASMUS+ TRAINEESHIP LOGBOOK

Successful completion of the traineeship requires a full completion of this logbook. By the end of each month of the student's traineeship this document should be sent to the Erasmus Office of ISCE/ISCE Douro at gri@isce.pt. The weekly duties assigned to the student as well as the comments on behalf of the supervisor should be clearly described on a dated log. The student is responsible for keeping this logbook in good condition.

Attention! No handwritten logbooks will be accepted. The logbook should be signed and stamped by the supervisor at the Host Organisation.

Students are NOT required to keep notes in the logbook for weekends, unless they wish to do so for their own benefit.

STUDENT'S PERSONAL DATA

Student Name: |.....|

ID Number: |.....|

Field of Studies: |.....|

Field of Training: |.....|

Duration of Internship: |.....| (in weeks)

Period of practice: From: |.....| **Till:** |.....|
(day/month/year) (day/month/year)

The document should be also signed and stamped by the Dean of the School.

HOST INSTITUTION/ORGANIZATION/COMPANY

Name: |.....|

Address: |.....|

|.....|

Contact Person/Supervisor: |.....|

Department: |.....|

Email address: |.....|

Tel/Fax Numbers: |.....|

SENDING INSTITUTION

Name: Pedagogo [Instituto Superior de Ciências Educativas **OR** Instituto Superior de Ciências Educativas do Douro] – P LISBOA 97

Address: Rua Bento de Jesus Caraça, n.º12. 2675-895 Ramada-Odivelas Portugal

Contact person: Nuno Abranja, Erasmus Officer

Email address: gri@isce.pt

Tel/Fax numbers: 00 351 219 347 135 (tel) * 00 351 219 332 688 (fax)

WEEK 1, Month **From:** **Till:**
(day/month/year) (day/month/year)

Description of student's weekly activities/duties (to be filled in by the student):

Comments (to be filled in by the student's immediate supervisor):

Justified absences: [.....] **Unjustified absences:** [.....] **Days off:** [.....]

Student's Signature: [.....]

Supervisors / Head of Department Signature: [.....]

Date: [.....]

WEEK 2, Month **From:** **Till:**
(day/month/year) (day/month/year)

Description of student's weekly activities/duties (to be filled in by the student):

|

Comments (to be filled in by the student's immediate supervisor):

|

Justified absences: | **Unjustified absences:** | **Days off:** | |

Student's Signature: | |

Supervisors / Head of Department Signature: | |

Date: | |

WEEK 3, Month **From:** **Till:**
(day/month/year) (day/month/year)

Description of student's weekly activities/duties (to be filled in by the student):

|

Comments (to be filled in by the student's immediate supervisor):

|

Justified absences: | **Unjustified absences:** | **Days off:** | |

Student's Signature: | |

Supervisors / Head of Department Signature: | |

Date: | |

WEEK 4, Month **From:** **Till:**
(day/month/year) (day/month/year)

Description of student's weekly activities/duties: (to be filled in by the student)

|

Comments (to be filled in by the student's immediate supervisor):

|

Justified absences: | **Unjustified absences:** | **Days off:** | |

Student's Signature: | |

Supervisors / Head of Department Signature: | |

Date: | |