



## **Erasmus+**

Guide to Long Term Study Mobility  
of Pupils in Strategic Partnerships  
(Key Action 2)

**Templates to fill in**

## HOST FAMILY CHARTER

The long-term study mobility of pupils gives pupils the opportunity to spend 2 to 12 months in a school abroad. Staying in a host family is part of the intercultural experience and facilitates the pupil's integration in the foreign country and culture.

This charter provides guidelines for the relationship between the hosted pupil and you as a host family by outlining your role, responsibilities and rights in this respect. To certify that you have read and understood the provisions outlined in this charter, you must sign the charter in your capacity as a representative of the host family.

The pupil that you will be hosting receives a monthly allowance from his or her home school contributing to costs incurred during the stay, such as costs linked to local transport or learning materials. Furthermore, he or she will be covered in terms of medical care and personal liability during the stay through insurance provided by his/her home school/parents/guardians.

### **Role:**

Being a host family is not just about providing board and lodging. You also have two further important functions in relation to the well-being of the pupil and the success of his or her stay:

#### ***Facilitator:***

The stay in a host family constitutes a very important part of the pupil's learning process. Through daily interaction with host parents and siblings, the pupil acquires valuable insights into cultural differences as well as proficiency in a foreign language. It is therefore important that the pupil is not treated as a guest or lodger, but is integrated into family life to the greatest extent possible.

#### ***Parental authority:***

The pupil is a young person who may have little or no prior experience of the culture and attitudes of your country. He or she will consequently need your help in relation to many aspects of daily life. This also means providing clear guidelines for his or her behaviour, what is acceptable and what is not, as a parent or guardian would do.

### **Responsibilities:**

By signing this charter, you as a host family agree to

- welcome \_\_\_\_\_ (name of pupil) into your home for a duration of \_\_\_\_ months.
- provide him/her with suitable board and lodging free of charge.
- integrate him/her to the greatest extent possible into family life.
- inform him/her about household rules.

- inform him/her about customs and help him/her to integrate into the culture and mentality of your country.
- help ensure that the pupil attends school on a regular basis, including ensuring that adequate transportation facilities between the school and home are available.
- ensure that the pupil is not left alone overnight (e.g. at weekends or holidays). If this implies significant extra costs, you should agree on them in advance with the pupil's parents/guardians. If you travel abroad with the pupil, make sure that you have taken into account the possible insurance and liability implications, that the pupil's mentor is informed and that you have the prior agreement of the pupil's parents/guardians.
- help ensure that the pupil observes the rules of conduct for pupils agreed between the participating schools.
- contact the pupil's mentor in the event of any problems.
- keep all personal data concerning the pupil confidential.
- not terminate the stay of the pupil abruptly and unilaterally without a prior attempt at mediation (except in the cases outlined below under 'rights').
- follow the procedures described in the crisis management documentation in emergencies.

**Rights:**

During his/her stay in your family, the pupil will be under your authority, but you are also part of a team. The receiving school has appointed a mentor for the pupil, to whom you can turn for information, advice or just to discuss any aspect of the pupil's stay in your home. The mentor will also try to mediate in cases where problems between you and the pupil have reached a stage where you — or the pupil — deem that outside intervention is required.

Where this is not sufficient, you have the following rights:

- in the event of a serious breach of rules by the pupil (as defined in the agreed rules of conduct), you can ask for the termination of the pupil's stay in your home immediately and require that the host school arranges alternative accommodation or repatriation.
- in the event of irreconcilable personal differences between you and the pupil, and where mediation has been tried and not brought a solution acceptable to you, the host school must provide for alternative accommodation or repatriation of the pupil within a maximum of 3 days.
- in the event of death, illness or any other serious incident occurring in your family, you can ask the host school to provide urgently for alternative accommodation or repatriation of the pupil (normally within 3 days).

I/We, the undersigned, hereby declare that I/we have read and understood the guidelines in this charter.

Agreed and accepted by:

Place:

Date:

Name in capital letters:

Signature:

Name in capital letters:

Signature:

## PARENTAL/GUARDIAN CONSENT FORM

Name of participant:

Home address:

Name, address and country of sending school: Name,

address and country of receiving school: Mobility period:

from \_\_\_\_\_ to \_\_\_\_\_

Contact details of the contact teacher at the sending school (should be prefilled here by the sending school):

The signing of this form by the parent(s)/guardian(s) before the start of the activity is an absolute condition for participation. If you need further information or wish to discuss this consent form please contact the contact person at the sending school. The priority is to ensure the safety of all participants at all times and your full cooperation is essential in this regard.

### ***As a parent/guardian of the above pupil,***

- I hereby give my consent to his/her participation in the above Comenius Long Term Study Mobility of Pupils, including prior preparation and subsequent follow-up activities;
- I confirm that I have received adequate information concerning the Comenius Long Term Study Mobility of Pupils action and the practical details of the exchange, such as information on the grant, the insurance and the training sessions, and have received the documentation on crisis management;
- I understand that the pre-departure session for pupils is compulsory
- I declare that I have provided accurate and appropriate information on the health condition as well as any special requirements of my child on the Pupil application form and the Health form. I agree to inform the contact teacher at the sending school of any change in this information occurring between the date of signature of this form and the end date of the stay (day of departure from the host country);
- I agree that he/she during this stay will be under the authority of, and be responsible to, the appointed mentor at the host school and the host family;
- My child is aware of the rules of conduct agreed between the sending and host school for the stay and is familiar with the crisis procedures, and he/she will act in accordance with them;
- I accept that it may be necessary to send my child home earlier in the following circumstances:
  1. In case of a serious breach of the following rules:
    - Attending school is compulsory. The pupil is required to participate fully in school activities and to complete all assignments and school work.
    - Abuse of alcohol and use of drugs is strictly forbidden.
    - Driving of any motorised vehicle is not allowed.

2. If he/she displays behaviour that is deemed inappropriate or offensive to the host community, endangers him/herself or other people, or causes damage to property
3. For medical reasons

I furthermore acknowledge that in case of (1) and (2), this will happen at my responsibility and cost;

- I agree to my child receiving necessary medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present;
- I agree that the envelope containing the Health form (Part 2) can be disclosed to a doctor treating my child while on the programme where medically necessary. If necessary, I agree to communicate all relevant information relating to the health of my child to the receiving school and the host family.
- I agree to keep all personal data concerning the host family confidential.
- I agree that the sending school will communicate the data concerning my child included in the Pupil Application Form to the receiving school, and that the receiving school will transmit the relevant data to the family which will host my child. I understand that basic information on my child will also be communicated to the relevant National Agencies in charge of the Erasmus+ Programme and to the European Commission. All personal data will be treated as confidential.

Signature and date:

I understand that photographs and film and video footage (images) of current and former participating pupils are occasionally used by the schools in promotional or information materials.

- grant to the sending and receiving schools the right to use, publish and/or reproduce images and audio recordings of my child taken during his/her involvement in the Erasmus+ Programme.
- I do not agree to such use of the photographs, films and video footage of my child.

Signature and date:

- I authorise the host family for my child to sign any authorisation required by the school for my child to participate in any school-sponsored activities, events or programmes.
- I am aware that the sending school receives a grant to contribute to the costs related to my child's study mobility. International travel will be organised by the school. I understand that my child must give to the school all requested documentation related to his/her travel expenses. I understand that the travel costs will not be reimbursed if the relevant evidence cannot be provided.

- I am aware that my child will receive a monthly allowance as a contribution to costs incurred during the stay abroad such as school books, local transport, school excursions etc. No receipts need to be provided to justify the use of the monthly allowance. I understand that this part of the grant will be transferred to me (to be transferred to my child) or directly to my child by the sending school. I am aware that, in case of early return of my child, the allowance for the remaining period will need to be reimbursed to the school.
- I am aware that my child must contribute to a report on his/her study mobility period, as required by the sending school.

Agreed and accepted by:

Place:

Date:

(Parent/Guardian) Name in capital letters:

Signature:

(Parent/Guardian) Name in capital letters:

Signature:

(Pupil) Name in capital letters:

Signature:

Contact details of the parent/guardian:

Name:

Address:

E-mail address:

Telephone:

Mobile telephone:

## PUPIL APPLICATION FORM

### 1. Name and address of the applicant

First name:		Street:	
Last name:		Postal code & city:	
Telephone:		Email address:	
Mobile phone:		Date of birth	

### 2. Receiving school(s) — in order of preference

Ranking	Name of host school	Country
1.		
2.		
3.		
4.		

### 3. Preferred duration

\_\_\_\_\_ (min 2, max 12 months)

### 4. Family data

I live with:

- |                                            |                                             |                                             |
|--------------------------------------------|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Mother and father | <input type="checkbox"/> Mother and partner | <input type="checkbox"/> Father and partner |
| <input type="checkbox"/> Mother            | <input type="checkbox"/> Father             | <input type="checkbox"/> Other (explain):   |

### ***Mother/Guardian***

First name:		Mobile phone:	
Last name:		Daytime phone:	
Occupation:			

***Father/Guardian***

First name:		Mobile phone:	
Last name:		Daytime phone:	
Occupation:			

**5. Brothers and sisters**

Name	Age		Yes	No
		Living at home?	<input type="checkbox"/>	<input type="checkbox"/>
		Living at home?	<input type="checkbox"/>	<input type="checkbox"/>
		Living at home?	<input type="checkbox"/>	<input type="checkbox"/>

**6. Languages**

Mother tongue:	
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**Other languages:**

Language		Years studied		Speaking ability	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Language		Years studied		Speaking ability	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Language		Years studied		Speaking ability	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

**7. Self-Description**

a. Please describe yourself: give information about your personality (e.g. calm/reserved, energetic, independent, open, socially active, academic, athletic, etc.), your favourite leisure activities and any other interests. Describe your relationship with your family and friends, e.g. how much time do you spend with your brothers/sisters and/or friends, what is your role in the family, in what situations do you seek advice from your parents?

b. How do you like to spend your free afternoons and weekends? What are your different roles in your community, e.g.: school, sports, and community activities? What is important to you? What parts of your daily life do you like and what parts do you find frustrating or difficult?

c. Academic information: Describe your preferred subjects briefly and explain why you like them

d. Plans for your education and career in the future. Describe your plans for future studies and career

e. Trips abroad: Briefly describe your experiences of earlier trips abroad (if any): e.g. explain how these trips have influenced you, what you learned from them and why you enjoyed them

## 8. Motivation

Please explain why you want to participate in the long term study mobility and describe what you expect to gain from participating, at both personal and academic level. Describe how you could contribute to your host family, the receiving school and the country you will be visiting. If you have been involved in the Strategic Partnership activities between your school and the potential receiving school(s), how would you like to contribute to the project?

## 9. Parental support

**This section is to be answered by the pupil's parent(s)/guardian(s).**

How would you describe your child's character?

Please explain below why you think your child would benefit from taking part in the long term study mobility of pupils.

## 10. Signatures

I, the undersigned, allow the sending school to use the data included in this form for the purposes of the selection of pupils for long term study mobility within the framework of the Erasmus+ programme. I agree that if my child is selected, these data will be communicated to the receiving school, and that the receiving school will transmit them to the family which will host my child. I understand that the data contained in this form may also be communicated to the sending and receiving National Agencies in charge of the Erasmus+ programme. All the people receiving these data will be required to treat them as confidential.

Agreed and accepted by

Name(s) and signature(s) of Parent(s)/Guardian(s)

(Date)

Name and signature of pupil

(Date)

## ANNEX: PLACEMENT INFORMATION

To be filled and submitted once the application is accepted. This information will be used to match the pupil with a suitable host family and to organise his/her travel.

1. Name of pupil:
2. Medical requirements and health restrictions

Do you have any disabilities (physical restrictions, impairments) or allergies that will limit placement options or participation in everyday family and/or school activities?

Yes       No

If yes, please explain and specify if any aids, adaptations or special assistance will be required:

I CANNOT live with:

Cats       Dogs       Other pets:

3. Dietary requirements

Do you have dietary restrictions, e.g. for medical, religious or other self-imposed reasons?

Yes       No

If yes, please explain:

If you are a vegetarian, are you willing to eat:

Fish                       Poultry                       Dairy products

4. Smoking

Do you smoke?  Yes       No

Must you be hosted in a non-smoking home?  Yes       No

5. Other

Are there any other aspects that need to be considered in order to select a suitable host family?

Yes       No

If yes, please explain:

**6. For visa and travel purposes**

City of birth:		Country of birth:	
Date of birth:			
Nationality:			
<b>Passport / ID:</b>			
Number:		Issue date:	
Place of issue:		Expiration date:	

**7. Candidate photos**

Please attach a page with some photos of you, your friends and family. You may add more pages if you like.

**8. Introductory letter**

Please attach an introductory letter in the language of communication between your school and the receiving school. This letter will be forwarded to the host school and the host family.

**9. Signatures**

I, the undersigned, allow the sending school to communicate the personal data contained in this form to the receiving school and the host family for the purposes of the planned long term study mobility within the framework of the Erasmus+ programme. These data may also be communicated to the National Agencies in charge of the Erasmus+ programme. All those people receiving these data will be required to treat them as confidential.

Name(s) and signature(s) of parent(s)/guardian(s) (Date)

Name and signature of pupil (Date)

## HEALTH FORM

This health form is composed of two parts: Part 1: Medical opinion on pupil's suitability for participation and Part 2: Health information form. Part 1 will be completed and signed by the doctor, printed and transmitted to the sending school in order to confirm the pupil's selection for the participation in the long term study mobility. Part 2 will be completed by the doctor, signed by parents/guardians and the pupil, and put in a sealed envelope. The pupil will bring it with him or her and it will only be opened by a doctor treating the pupil and when medically necessary.

### *Part 1: Medical opinion on pupil's participation*

This part of the document will be printed and transmitted to the sending school in order to confirm the pupil's selection for the participation in the long term study mobility.

I, the undersigned, certify that a thorough physical examination of the pupil has been made and all relevant medical information has been included in the Health form, and that the pupil is able to travel. I understand that the omission of any information could be harmful to the pupil's health care and could result in early termination of the stay.

I consider that, in the light of the pupil's medical and/or psychological history, he/she **is / is not** (delete whichever does not apply) able to take part in the long term study mobility of pupils in the framework of the Erasmus+ programme.

Doctor's Name and Degree	Stamp and Signature
Contact details (address, phone, e-mail if applicable):	Date

## Part 2: Health form

The pupil is considering spending between 2 and 12 months in a school abroad and living with a host family. Incorrect or incomplete information on his/her health could lead to problems during the stay. The form must be completed by the pupil's doctor who is **not** an immediate relative of the applicant. The pupil's parent(s)/guardian(s) should provide the doctor with all relevant information/documentation on the pupil's medical history. If the answer to any of the questions 3-14 is 'YES', please include or attach detailed information.

This health form will be put in a sealed envelope. The pupil will bring this form with him/her. The envelope can only be opened by a doctor treating the pupil where medically necessary.

Pupil Name:	Home Country:	Date of birth:
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1

Height		Weight		Blood Pressure		Pulse		Respiration	
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2 Do you note any abnormalities concerning height, weight (including substantial loss or gain in the past six months), blood pressure, pulse or respiration?  Yes  No

If yes, please explain:

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3. Tick yes or no. To your knowledge, has the pupil had the disease/conditions listed below:

	YES	NO		YES	NO
a) Measles			j) Rheumatic Fever		
b) Mumps			k) Cough (persistent, recurring)		
c) Rubella			l) Headaches (persistent, recurring)		
d) Chicken Pox			m) Sleepwalking		
e) Poliomyelitis			n) Enuresis		
f) Hepatitis			o) Appendicitis		
g) Tuberculosis			p) Parasites (internal)		
h) STD			q) Encephalitis		
i) FSME			r) Scarlet fever		

If yes, give detailed information and dates (use extra pages if necessary):

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4 **ACNE**  Yes  No

If yes, identify area, severity, any medication taken, name, dosage & frequency:

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**5 ALLERGIES**     Yes     No

If yes, identify type, any medication taken, name dosage & frequency:

**6 ASTHMA**     Yes     No

If yes, identify type, severity, any medication taken, name, dosage & frequency:

**7 DIABETES**     Yes     No

If yes, identify type, severity, any medication taken, name, dosage & frequency:

**8 SEIZURE DISORDER**     Yes     No

If yes, identify type, severity, any medication taken, name, dosage & frequency:

**9** Has the pupil ever had or does today's examination show any disease, impairment, or abnormality of:

	YES	NO		YES	NO
a) Abdominal organs, digestive system			e) Heart blood vessels		
b) Lungs, respiratory system			f) Tonsils, nose, or throat		
c) Bones, joints, locomotor system			g) Blood, endocrine system		
d) Genito-urinary system			h) Eyes/vision, ear/hearing		

If yes, please explain (use extra pages, if necessary) and specify if any aids, adaptations or special assistance are required:

**10** Has the pupil been hospitalised?     Yes     No

If yes, give dates, diagnosis and outcome for each incident.

**11** Is the pupil currently taking medication or injections (other than those mentioned previously)?     Yes     No

If yes, identify type, any medication taken, name dosage & frequency:

**12** Has the pupil EVER consulted a neurologist, psychologist or any other specialist for a nervous, emotional or eating disorder?     Yes     No

**13** Is there a history of, or present evidence of, an emotional, nervous or eating disorder?

Yes     No

**If yes to either (12 or 13), a FULL report by the specialist and a statement by the parents about the illness or specific problem must be attached.** Note: Placement in a foreign host family, school and community requires adjustment which often involves emotional stress. It will not be a time for relaxation or temporary relief from any current therapy. If the pupil is experiencing current emotional, physical, personal or family difficulties, these difficulties can be severely exacerbated by the adjustment demands of the programme. Therefore, you are requested to evaluate carefully the pupil's current or previous condition and treatment along with his or her ability to manage potential adjustment anxieties and stress in a foreign environment.

- 14** Are there any health limitations or restrictions on the pupil's activities and / or sports participation or any medical information which should be considered for a home/school placement?  Yes  No

If yes, please describe:

- 15** Does the pupil wear glasses or contact lenses?  Yes  No

If yes, please give the lens power:

- 16** What was the date of the pupil's last dental check-up?

Does the pupil wear dental braces?  Yes  No

If yes, will orthodontic care be needed during the stay abroad?  Yes  No

- 17** Confirm if the pupil has had the following immunisations. If yes, specify the day, month, and year (or, if possible, attach a copy of vaccination card):

	YES	NO	Day/Month/Year		YES	NO	Day/Month/Yea
Measles				Tetanus			
Poliomyelitis				Mumps			
BCG				Rubella			
Hepatitis B				Diphtheria			
Pertussis				Other			

If other, please specify:

- 18** If the pupil has had the TB Test, please specify the type:

Mantoux or Tine (circle one)

Date: \_\_\_\_\_ Result (+/-): \_\_\_\_\_

If positive, was a chest x-ray done?  Yes  No Date: \_\_\_\_\_ Result (+/-)

If yes, please explain (use extra pages, if necessary):

**Signatures:**

I, the undersigned, certify that a thorough physical examination of the pupil has been made and all important recent medical information has been included in the Health form, that nothing relevant has been omitted, and that the pupil is able to travel. I understand that the omission of any information could be harmful to the pupil's health care and could result in early termination of the stay.

Doctor's Name and Degree	Stamp and Signature
Contact details (address, phone, e-mail if applicable):	Date

I, the undersigned, confirm that the information contained in this health form is correct and complete and that inaccurate or incomplete information could be harmful to the pupil's health care and could result in early termination of the stay. I agree that the envelope containing this form can be disclosed to a doctor treating my child while abroad where medically necessary. If necessary, I agree to communicate all relevant information relating to the health of my child to the receiving school and the host family. All personal data will be treated as confidential.

Pupil's signature (if he/she is not a minor)	Date
Parent(s)' signature	Date

## HOST FAMILY INFORMATION FORM

1. Name and address of the representative of the host family

First name:	
Last name:	
Street:	
Postal code & city:	
Telephone:	
Fax:	
Email address:	
Mobile phone:	

2. Preferred duration for hosting a pupil

\_\_\_\_\_ months (minimum 2 months)

3. Family data

Host parents:

- Host mother and father     
  Host mother and partner     
  Host father and partner  
 Hostmother     
  Hostfather     
  Other (explain):

Children (if any):

Name	Gender	Age		Yes	No
			Living at home?	<input type="checkbox"/>	<input type="checkbox"/>
			Living at home?	<input type="checkbox"/>	<input type="checkbox"/>
			Living at home?	<input type="checkbox"/>	<input type="checkbox"/>

4. Placement information

Do you have:  a cat       a dog       Other pets:

Does your family follow any diet, e.g. for medical, religious or other self-imposed reasons?

Yes  No

If yes, please explain:
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If you are vegetarian, do you eat:

Fish        Poultry         Dairy products

Does somebody in your family smoke?

Yes        No

Would you allow the hosted pupil to smoke?

Yes        No

Are there any other aspects which should be considered when matching your family with a pupil?

Yes       No

If yes, please explain:

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### 5. Languages

Communication language in the family:

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Other languages spoken in the family:

Language		Speaking ability	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Language		Speaking ability	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Language		Speaking ability	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

### 6. Self-Description

a. Please describe your family and each of its members. Give information about the personality, leisure activities practised and any other interests of the family members.

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b. How does your family like to spend evenings and weekends?

c. Describe your home and give more details on how you intend to accommodate the pupil in your home (his/her personal space/room)

## 7. Motivation

Please describe your reasons for volunteering as a host family, what you expect to gain from participating in this programme and how you plan to support the pupil during his/her stay.

## 8. Signatures

I/We, the undersigned, certify that all information given in this form is complete and accurate. I/We are not aware of any obstacles which would prevent us from successfully hosting a pupil.

I/We, the undersigned, permit the receiving school to communicate the personal data indicated in this form to the sending school, to the pupil and to his/her family for the purposes of the planned long term study mobility. I/We understand that the information contained in this form may also be communicated to the sending and receiving National Agencies in charge of the Erasmus+ programme . All the people receiving these data will be required to treat them as confidential.

I/We understand that the decision to host a pupil should be taken on the basis of curiosity and open-mindedness, therefore no payment of host families is provided.

I/We, the undersigned, are aware that the support we give to the pupil will be crucial to the success of his/her mobility experience. If I am/we are selected, I/we will do our best to welcome the pupil into our family. I/We understand that before being accepted to host a pupil,(i) a representative of the school will come to us for a visit, (ii) we will need to provide a recent criminal record check for each adult living in the family and (iii) we will need to sign the *Host Family Charter*.

Agreed and accepted by

Host Parent's name and signature	Date
Host Parent's name and signature	Date

## LEARNING AGREEMENT

*The template for the learning agreement provides sending and receiving schools with a structure and a proposed list of minimum information to be included. The schools may decide to expand the agreement to suit the specific requirements of their education systems.*

### 1. Data on the pupil mobility period and contact details:

Name of pupil:	
Date of birth:	
Mobility period (from/to):	
Total duration (in months):	
Name and address of sending school:	
Name of contact teacher responsible for the execution of this learning agreement — sending school: Contact details (telephone and e-mail):	
Name and address of receiving school:	
Name of contact teacher responsible for the execution of this learning agreement — receiving school: Contact details (telephone and e-mail):	

### 2. General aims of the mobility period:

*This section can be adapted from the aims given in the Strategic Partnership application.*

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### 3. Specific aims:

*What do you expect the pupil to achieve in the following areas?*

- *foreign language learning*
- *academic skills (possibly in relation to individual subjects)*
- *project work (e.g. linked with the topic of the Strategic Partnership or another form of school cooperation such as eTwinning)*
- *other knowledge and competences*

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**4. Class attendance:**

Receiving class(es)	
Compulsory subjects to be studied in the receiving school (if possible, specify for each subject the number of lessons per week)	
Exemption from lessons in the receiving school (please specify the subject and the duration of the exemption)	

**5. Special activities (if applicable) such as:**

- individual assignment (nature, workload)
- self study (nature, workload)
- language courses (workload)
- work placement (duration, place)
- contacts with 'home class' in the sending school (frequency, type of contact)
- music, culture, sport, etc.

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**6. Assessment of progress**

	Nature of assessment (test, interview, portfolio, statements from teachers etc.)	Person in charge of assessment	Schedule of the assessment
During the stay (receiving school):			
At the end of the stay (receiving school):			
After completion of the stay (sending school) :			

**Signatures: Before the stay:**

	Date, place	Name	Signature
Sending school			
Receiving school			
Pupil			

**Amendments (if applicable):**

Please insert below any changes made to the learning agreement and communicated to all parties.

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	Date, place	Name	Signature
Sending school			
Receiving school			
Pupil			

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\* This information is only indicative. The sending school should allow enough time for the pupil to settle back.

## REPORT ON THE LEARNING AGREEMENT

The template for the Report on the learning agreement provides the receiving school with a structure and a proposed list of minimum information to be included. This report corresponds to the aims agreed in the learning agreement and should help the sending school to recognise the stay abroad.

### 1. Data on the pupil mobility period and contact details:

Name of pupil:	
Date of birth:	
Mobility period (from/to):	
Total duration (in months):	
Name and address of sending school:	
Name of contact teacher responsible for the execution of this learning agreement — sending school:	
Contact details (telephone and e-mail):	
Name and address of receiving school:	
Name of contact teacher responsible for the execution of this learning agreement — receiving school:	
Contact details (telephone and e-mail):	

### 2. Specific aims:

What did the pupil achieve in the following areas compared to the aims set out in the learning agreement?

- foreign language learning
- academic skills (in general)
- project work (e.g. linked with the topic of the Strategic Partnership or another form of school cooperation such as eTwinning)
- other knowledge and competences

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### 3. Class attendance:

Here, the subject teachers should give a short written assessment of the pupil's progress. The timetable should be attached. This part can also be accompanied by a portfolio of work (written compositions, tests, art work, etc.) done by the pupil during the stay.

Subjects followed	Assessment by the subject teacher

### 4. Special activities (if applicable):

What did the pupil achieve in the following areas compared to the aims set out in the learning agreement?

- individual assignment (nature, workload)
- self study (nature, workload)
- language courses (workload)
- work placement (duration, place)
- contacts with 'home class' in the sending school (frequency, type of contact)

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### 5. Overall evaluation of the pupil's stay in the receiving school

This evaluation should be written by the mentor/contact teacher in the receiving school and give an overall assessment of the pupil's achievements. It should also mention the added value of the stay in the receiving school and host family abroad for the pupil (i.e. intercultural skills, personal development, interpersonal skills, etc.).

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### Signatures:

	Date, place	Name	Signature
Receiving school			
Pupil			

## RULES OF CONDUCT

1. The rules of conduct signed in the Parental/Guardian consent form are as follows:
  - a. Attending school is compulsory. The pupil is required to participate fully in school activities and to complete all assignments and school work.
  - b. Abuse of alcohol and use of drugs are strictly forbidden.
  - c. Driving of any motorised vehicle is not allowed.
  - d. Responsible behaviour is required
2. Other rules of conduct agreed upon by the receiving and sending schools should be inserted here:
  - e.
  - f.
  - g.
  - h.

Accepted and signed by:

	Date, place	Name	Signature
Sending school			
Receiving school			
Pupil			

## CRISIS ACTION PLAN

### 1. Drawing up and distribution

Plan drafted by:

Distributed to:

### 2. Contact details:

*Fill in the contact details of each of the persons below. Also indicate the times of day when the person in the host country is available and make sure that there is a person to contact at any time of day or night in case of emergency.*

#### **Mentor at receiving school:**

Name	
Address	
Phone	
Mobile	
E-mail	
When available	

Person to be contacted if the mentor is not available:

Name	
Address	
Phone	
Mobile	
E-mail	
When available	

#### **Contact teacher at sending school:**

Name	
Address	
Phone	

Mobile	
E-mail	
When available	

Person to be contacted if contact teacher is not available:

Name	
Address	
Phone	
Mobile	
E-mail	
When available	

***Participating pupil:***

Name	
Address	
Phone	
Mobile	
E-mail	
When available	

***Pupil's parent(s)/guardian(s):***

Mother/Contact 1:

Name	
Address	
Phone	
Mobile	
E-mail	
When available	

Father/Contact 2:

Name	
Address	

Phone	
Mobile	
E-mail	
When available	

**Host family:**

Host Mother/Contact 1:

Name	
Address	
Phone	
Mobile	
E-mail	
When available	

Host Father/Contact 2:

Name	
Address	
Phone	
Mobile	
E-mail	
When available	

**3. Emergency procedures**

Basic procedures are described in Section 4 (Crisis management). If you want to adapt or modify any of these procedures or develop additional emergency procedures, these procedures can be inserted here. Indicate who is in charge of overall coordination, the division of responsibilities, and the information chain (who is to be informed and when).

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#### 4. Emergency numbers in host country

- Police:
- Medical assistance (emergency):
- Helpline:
- Other numbers:

#### 5. Details of the pupil's insurance plan

- Contact details of the insurance company (Health Costs, Permanent Disability and Death, Third-party liability in Private Life):
- Contact details of the assistance company (Assistance and Repatriation):
- Pupil's insurance number:

#### 6. Document checklist

*The following documents should be drawn up and signed by the relevant parties before the stay begins, and the originals and copies should be distributed to the relevant parties as described in the Crisis management section (Chapter 4.2.1):*

- Pupil application form (including the placement annex)
- Parental/Guardian consent form
- Rules of conduct
- Host family charter
- Health form (Part 2 is put in a sealed envelope and always stays with the pupil)

*The following documents should be compiled prior to the pupil's departure, and kept together in order to be available for medical emergencies during the mobility period:*

- the Health form (Part 2) in a sealed envelope which stays with the pupil
- the Parental/Guardian consent form
- the copy of the pupil's European Health Insurance Card (the original stays with the pupil)
- the copy of the pupil's insurance plan with contact details to the insurance and assistance companies (the original stays with the pupil)
- the translations of the Health form and the Parental/Guardian consent form