**ALL.2 Learning agreement – Patto formativo (Consigli di Classe)**



Ministero dell’Istruzione

ISTITUTO D’ISTRUZIONE SUPERIORE

**LUIGI GALVANI**

Via F. Gatti, 14 - 20162 Milano

email miis05400x@istruzione.it pec MIIS05400X@PEC.ISTRUZIONE.IT

Tel. 02 6435651/2/3 Cf 02579690153

**Learning agreement**

**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 host school: |  |
| Name of mentor/contact teacher responsible for the execution of this learning agreement — host school: Contact details (telephone and e-mail): |  |

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

|  |
| --- |
|  |

**3. Specific aims:**

**4. Class attendance:**

|  |  |
| --- | --- |
| Host class/es |  |
| Compulsory subjects to be studied in the host school (if possible, specify for each subject the number of lessons per week) |  |

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

* individual assignment (nature, workload)
* self study (nature, workload)
* language courses (workload)
* work placement (duration, place)
* music, culture, sport, etc.

**6. Assessment of progress**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Nature of assessment (test, interview, portfolio, statements from teachers etc.) | Person in charge of assessment | Schedule of the assessment |
| At the end of the stay (host school): |  |  |  |

**Signatures:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date, place | Name | Signature |
| Sending school | Milan, Italy (date) | Director of studiesProfessor Emanuela Maria Germanò |  |
| Host school |  |  |  |
| Pupil | Milan, Italy (date) | (Parent’s signature- candidate under age) |  |