

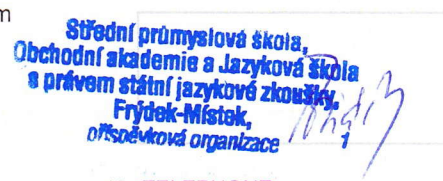
Holder of the document

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4 DATE OF BIRTH	5 NATIONALITY	
31. 10. 1977	Czech	
dd mm yyyy		


Issuing organisation

6 NAME OF THE ORGANISATION *	7 DOCUMENT NUMBER *	8 ISSUING DATE *
Střední průmyslová škola, Obchodní akademie a Jazyková škola s právem státní jazykové zkoušky, Frýdek-Místek, příspěvková organizace	CZ/00/2018/2928/008/DE/12	21. 07. 2018
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Sending partner

9 NAME AND ADDRESS *	10 STAMP AND/OR SIGNATURE
Střední průmyslová škola, Obchodní akademie a Jazyková škola s právem státní jazykové zkoušky, Frýdek-Místek, příspěvková organizace 28. října 1598 738 01 Frýdek-Místek, Czech Republic	
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* Headings marked with an asterisk are mandatory.

Description of the mobility experience

21 OBJECTIVE OF THE MOBILITY EXPERIENCE *

Developing teachers' fluency in the German language and CLIL methodology

22 EDUCATION OR TRAINING INITIATIVE IN THE COURSE OF WHICH THE MOBILITY EXPERIENCE WAS COMPLETED

23 COMMUNITY OR MOBILITY PROGRAMME INVOLVED

Erasmus + 2018-1-CZ01-KA101-047503

DURATION OF THE EUROPASS MOBILITY EXPERIENCE

24 FROM * 16. 07. 2018 25 TO * 21. 07. 2018
dd mm yyyy dd mm yyyy

Skills acquired during the mobility experience

26A ACTIVITIES/TASKS CARRIED OUT *

Refresh and broaden skills, multidisciplinary approach, implement CLIL methodology, exchange and share experience

27A JOB-RELATED SKILLS

Replace with text

28A LANGUAGE SKILLS

Expand previous knowledge, practice grammar, language skills in a multi-cultural context, implement CLIL methodology and use for the preparation in lessons, improve oral competence, develop skills to search for solutions for teaching.

29A COMPUTER SKILLS

Replace with text

30A ORGANISATIONAL / MANAGERIAL SKILLS

Replace with text

31A COMMUNICATION SKILLS

Replace with text

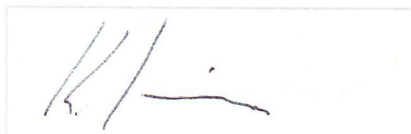
32A OTHER SKILLS

Replace with text

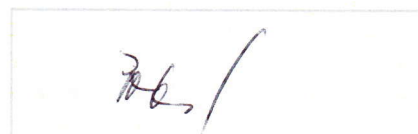
33A DATE *

21. 07. 2018
dd mm yyyy

34A SIGNATURE OF THE REFERENCE PERSON/MENTOR *



35A SIGNATURE OF THE HOLDER



* Headings marked with an asterisk are mandatory.