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PAIRING PROJECT

*Caribbean Mobility*

***Primary***

*2019-2020*

***Please submit as soon as possible***

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| **INSTITUTION RESPONSIBLE FOR THE PROJECT** |

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| **School Name** |  |
| **Type of establishment***Infant, Primary…* |  |
| **Address** |  |
| **City** |  |
| **Country** |  |
| **Website** |  |
| **Tel.** |  |
| **Email** |  |
| **Principal’s name** |  |
| **Total number of pupils in the school** |  |
| **Regional/foreign languages taught** *(from which levels)* |  |
| **Other specificities** *(to be specified)* |  |
| **available ICT equipment** *(specify for which levels and capacity of dedicated rooms)* |  |
| **Person in charge of ICT** | **Yes ( ) No ( )** |
| **Use of ICT in language or other activities within the school** |  |

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| **GENERAL INFORMATION ABOUT THE PROJECT** |

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| **Project title***(if applicable)* |  |
| **Type of exchange** | **Physical ( ) and/or Virtual ( )** specify*:* |
| **Chosen theme** *(project* o*rientation)* |  |
| **Goals** |  |
| **Links with the school Action Plan** |  |
| **Name of Project Leader** |  |
| **Experience(s) in mobility project management** |  |
| **Function** |  |
| **Other teachers involved in the project** |  |
| **Disciplines taught** |  |
| **Target audience:***school level(s) concerned(s)* |  |
|  **Estimated numbers and gender ratio** |  |
| **Average age of pupils** |  |
| **Other partners, project stakeholders** |  |
| **Justification of this choice** |  |
| **Estimated length of the pairing project** |  |

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| **EXPECTED PARTNER INSTITUTION(S)**  |

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| **General characteristics sought** |  |
| **Location** |  |
| **Targeted class** | Pre-school ( ) Kindergarten ( ) Grade 1 ( ) Grade 2 ( ) Grade 3 ( ) Grade 4 ( ) Grade 5 ( ) Grade 6 ( ) |
| **Average age desired** |  |
| **Foreign languages taught** |  |
| **Expected practice in French** |  |
| **Other specific subjects***(if applicable)* |  |
| **Expected ICT equipment**  |  |
| **Envisaged use of the ICT**  |  |

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| **If the school is already identified:**Partnership Agreement: Yes ( ) No ( )Previous Trip(s): Yes ( ) No ( ) | For how many years: ……………………….Stay in Martinique: Yes ( ) No ( )Stay in Guadeloupe: Yes ( ) No ( ) |

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| **Name** |  |
| **Address** |  |
| **City** |  |
| **Country** |  |
| **Contact person** |  |
| **Function** |  |
| **Phone / Whatsapp contact** |  |
| **Email** |  |
| **Website** |  |