

INTRA Good Practice Evaluation Card

Name of the Good Practice:	
Name of the Good Practice holder (Country):	
Do you think this initiative is a Good Practice for the platform?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Why:	
Do you think this initiative is a Good Practice for the handbook?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Why:	
CRITERIA FOR SELECTION	
Does this good Practice match a gap/need highlighted in your Regional State of Affairs?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Which one:	
What aspect make this Good Practice transferable?	
What lesson learnt can be useful to consider the transfer?	
Do you want to transfer this Good Practice to your region?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Why:	
Do you wish to investigate further this Good Practice during the second round of study visits?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Maybe <input type="checkbox"/>