



JOINT IMPLEMENTATION ASSESSMENT TEAM LEADER/MEMBER EVALUATION INPUT

1. **Name of JI-AT leader/member evaluated:** _____
2. **Function in JI-AT** Team leader Member Member (methodology expert)
3. **Type of assessment:** Desk review/On-site assessment Witnessing
4. **Assessment date(s):** _____ to _____
5. **Applicant independent entity assessed:** _____
6. **UNFCCC reference number of entity:** _____

PART B: EVALUATION REPORT

[Key: *E* = Excellent *S* = Satisfactory *NS* = Not satisfactory *NA* = Not observed]

Criteria	Rating	Observation/Comment <i>(including improvement opportunities)</i>
<i>For both team leader/member</i>		
1. Effective preparation for assessment		
2. Effective communication with applicant IE and JI-AT members		
3. Alertness/ethics/attitude		
4. Report preparation skills		
5. Timely provision of input to assessment reporting		
6. Depth of assessment, cross-checks and verification, and ability to identify observations based on objective evidence(s)		
7. Understanding of JI project cycle		
8. Understanding of JI accreditation process		
9. Time management		
<i>Only for team leader</i>		
10. Conduct of opening/closing meetings		
11. Leadership and management (ability to manage the team and the process, mentoring/motivation and task allocation for team members)		

Overall Comments:*State if:*

- a. The team leader/member is capable of continuing his/her role*
- b. In the case of team member if he/she has potential to become a team leader*
- c. Areas for training needs for the team leader/member*

Secretariat stamp/initial by JI Manager**Date:**