
J-1 STUDENT INTERN EVALUATION

Use this form to conduct evaluations for each student intern. All programs must do a concluding evaluation, and programs lasting more than six months must do a midpoint and concluding evaluation.

▶ STUDENT INFORMATION

Passport Name: _____
Family Name/Surname *First/Given Name*

Program Dates: _____ Department: _____

▶ TO BE COMPLETED BY THE SUPERVISOR

Goals and Objectives During This Training Period:

Achievements, Accomplishments and Responsibilities:

Evaluation of the Student's Strengths and Areas for Development:

How would you rate the overall training program and its benefits to the supervisor and department?

Supervisor Signature: _____ Date: _____

Name: _____

▶ TO BE COMPLETED BY THE STUDENT INTERN

What cultural activities did you participate in during the internship?


**INTERNATIONAL STUDENT
SERVICES**

How would you rate the overall training program and its benefits to you?

Student Signature: _____ Date: _____