STUDENT INTERN EVALUATION

In accordance with the US Department of State (DOS) regulations, the hosting professor/supervisor of any UD J-1 Student Intern must provide an evaluation of the intern’s progress. Program evaluations must be submitted at the mid-point of the intern’s program, and again at the conclusion of the program. Please note that programs which are three months or less require only one evaluation, at the conclusion of the internship. If an extension request is made, a completed evaluation must be submitted at that time.

The UD hosting professor/supervisor should fill out Part I and then review the evaluation with the intern. The intern should then fill out and sign Part II. As the intern must sign the evaluation, it is recommended that the evaluation be completed before the intern leaves the University.

PART I (To be completed by the host professor/supervisor):

Intern’s Name: ____________________________________________________________

Professor’s Name: _______________ Department: ____________________________

Check one:

a. Mid-Program Evaluation _____

b. End-of-Program Evaluation_____

c. Extension_____

Evaluate intern’s performance related to the specific objectives as outlined in the Training Plan:

Excellent _______ Above Average _______ Average _______ Below Average _______

Comments:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
Were there any deficiencies or problem areas that should be addressed? Yes ____ No _________

If yes, please comment:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How would you rate the overall training program and its benefits to you?
Excellent ________ Above Average ________ Average _________ Below Average ________

Comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Professor’s Signature ____________________________ Date ___________________
Part II (to be completed by the intern):

Full Name: ________________________________________________________________

Email: ____________________________________ Telephone: ______________________

Dates of current training program: from ____________________ to _____________________

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

Excellent ______ Above Average ______ Average _______ Below Average ________

Comments:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

I hereby certify that I have read the Intern evaluation completed by my sponsoring professor.

Intern’s Signature __________________________ Date: __________________________