

J-1 Student Intern Evaluation

Please note: This form is best completed in the Adobe Acrobat application versus in your internet browser.

J-1 Student Intern Name	Host Department
Faculty Sponsor's Name	
Period Covered by this Evaluation (see instructions below)	
from	to
MM / DD / YYYY	MM / DD / YYYY

If the internship period is 6 months or less: the evaluation period starts on the appointment start date and ends on the appointment end date. **If the internship is more than 6 months, two evaluations are required:** the first evaluation period should be from the appointment start date to the mid-point date; the second evaluation period should be the mid-point to the appointment end date.

CHECK ONE

Improvement Needed
 Unsatisfactory
 More than Satisfactory
 Satisfactory
 Superior

Responsibilities for Period of Evaluation	Comments	Rating
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Overall Evaluation: <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Improvement Needed <input type="checkbox"/> Satisfactory <input type="checkbox"/> More than Satisfactory <input type="checkbox"/> Superior
Comments:
J-1 Student Intern Comments:

J-1 Student Intern Signature: _____ Date: _____

Faculty Sponsor/Mentor Signature: _____ Date: _____