STUDENT INTERN EVALUATION

In accordance with Department of State regulations, the hosting professor/supervisor of any UofL J-1 student intern must provide an evaluation of the intern’s progress and must be completed prior to the conclusion of a student internship program. Programs six months or less require only one evaluation, at the conclusion of the internship. Programs exceeding six months’ duration at a minimum, midpoint and concluding evaluations are required. If an extension request is made, a completed evaluation must be submitted at that time. The ISSS office must be provided a copy of all evaluations and maintain these for at least three years.

The hosting professor should fill out Part I and then review the evaluation with the intern. The intern should then fill out and sign Part II.

PART I (To be completed by the host professor):
Intern’s Name: ___________________________ Date: ________________

Professor’s Name: ___________________________ Department: ____________________________

Check one:       Mid-Program Evaluation _____        End-of-Program Evaluation_____        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 _____________________
STUDENT INTERN EVALUATION – Part II

In accordance with Department of State regulations, the hosting professor/supervisor of any UofL J-1 student intern must provide an evaluation of the intern’s progress and must be completed prior to the conclusion of a student internship program. Programs six months or less require only one evaluation, at the conclusion of the internship. Programs exceeding six months’ duration at a minimum, midpoint and concluding evaluations are required. If an extension request is made, a completed evaluation must be submitted at that time. The ISSS office must be provided a copy of all evaluations and maintain these for at least three years.

The hosting professor should fill out Part I and then review the evaluation with the intern. The intern should then fill out and sign Part II and must sign the evaluation.

PART II (to be completed by the intern):

Full Name: ________________________________________________________________________________

Email: ___________________________________________ Telephone: ___________________________ 

Dates of current training program _____________________________ 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 ________________________