



### J-1 STUDENT INTERN EVALUATION FORM

In accordance with US Department of State Regulations, the hosting Department of an Oklahoma State University J-1 Student Intern must provide an evaluation of the Intern’s progress and performance. J-1 Student Intern Evaluations must be completed at the end of the internship, and those internships which last longer than 6 months also require at least one additional mid-program evaluation (to be undertaken a the mid-point of the program). The sponsoring department must retain J-1 Student Intern evaluations for at least 3 years following the completion of each intern’s program. A copy of each evaluation must be submitted to the ISS Office (either electronic or hardcopy).

To process an extension of an internship, a complete intern evaluation must be submitted with the request for program extension. Extensions will not be granted to interns whose program evaluations have not been submitted.

**Instructions:** The hosting professor should complete Section I and the J-1 student intern should complete Section II of the form below. Evaluation forms must be signed both by the hosting professor and the J-1 Student Intern before being returned to ISS.

#### SECTION I: TO BE COMPLETED BY THE HOSTING PROFESSOR

Hosting Professor’s Name: \_\_\_\_\_

Hosting Professor’s Title: \_\_\_\_\_ Academic Department: \_\_\_\_\_

Type of Evaluation:  Mid-Program Evaluation  End -of-Program Evaluation

1. Evaluate the intern’s performance on tasks outlined in the training plan (DS-7002):

Excellent  Above Average  Average  Below Average

Comments: \_\_\_\_\_

2. Were there any problem areas that should be addressed to improve the experience of future interns?  Yes  No

If Yes, please comment: \_\_\_\_\_

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

Excellent  Above Average  Average  Below Average

Comments: \_\_\_\_\_

Hosting Professor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SECTION II: TO BE COMPLETED BY THE J-1 STUDENT INTERN

Intern’s Name: \_\_\_\_\_ Intern’s Email: \_\_\_\_\_

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

Excellent  Above Average  Average  Below Average

Comments: \_\_\_\_\_

2. How will the internship experience be of value to your academic program in your home county upon your return?

Intern’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_