

J-1 Student Intern Program Evaluation Form



EMORY
UNIVERSITY

International Student and Scholar Services

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To be completed by supervisor

Evaluation Period: ___ Midpoint ___ Conclusion from (MM/DD/YYYY) _____ to (MM/DD/YYYY): _____

NAME OF STUDENT INTERN: _____

PROGRAM START DATE: (MM/DD/YYYY) _____ EXPECTED END DATE: (MM/DD/YYYY) _____

DEGREE SOUGHT BY THE STUDENT IN HIS/HER HOME INSTITUTION: _____

Overall rating of program success with this intern: ___ Excellent ___ Good ___ Fair ___ Poor

Check responses as applicable to the Student Intern:

YES NO

- | | | |
|-----|-----|--|
| ___ | ___ | Arrived and began on time. |
| ___ | ___ | English proficiency level is appropriate for the type of work / position. |
| ___ | ___ | Skills/Abilities seem to fit the internship position as necessary or expected. |
| ___ | ___ | Is making normal progress toward planned goals and objectives. |
| ___ | ___ | Has successfully met the goals and objectives expected at this time. |
| ___ | ___ | Outcomes achieved or expected to be achieved by completion of the internship. |
| ___ | ___ | Changes in duties / assignments were necessary after the internship began. |
| ___ | ___ | Acquired new knowledge, skills, and techniques over and above the expected outcomes; if so please elaborate in the evaluation section. |
| ___ | ___ | Participated in additional educational / cultural activities. |

If so, please specify: _____

Evaluate Student Intern's performance based on the overall objectives of the internship:

(Attach additional sheet or write on back if necessary)

Emory Supervisor Name: _____ Title: _____

Signature: _____ Department: _____ Date: _____

Email: _____ Phone: _____

Student Intern Signature: _____ Date: _____