

J 1 STUDENT ACADEMIC TRAINING EVALUATION SAMPLE

MICHIGAN STATE
UNIVERSITY

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- ✓ Evaluations are to be completed before the Academic Training (AT) program ends and submitted to OISS no later than 15 days after the student's program end date.
- ✓ This is a sample only: Host department/organizations are not required to use this evaluation format.

INTERN INFORMATION:

Surname:	Given Name(s):		
SEVIS ID #: N	PID #: A		
Supervisor's Name:			
Host Organization/Department:			
Academic Training Start Date: ___/___/___		End Date: ___/___/___	Average Hours Per Week:
Describe Student's Daily Responsibilities:			

NUMERICAL ASSESSMENT OF SKILLS:

4 = Exceptional 3 = Average 2 = Limited/Minimal 1 = Lacks Skill N/A = Not Applicable

Communication/Interpersonal Skills (Oral and Written): _____

Problem Solving/Decision Making Skills: _____

Organizational Skills/Time Management: _____

Technical Skills: _____

Initiative/Leadership: _____

Attitude/Professionalism: _____

Willingness to ask for help and receive guidance: _____

Overall development and progress throughout program: _____

Overall Performance: _____

QUALITATIVE ASSESSMENT OF SKILLS:

Has the student successfully completed the objectives of the Academic Training program?

What would you recommend this student do to make him or her better prepared for the workplace (courses, activities, skill, etc.)?

Additional Comments:

REQUIRED SIGNATURE:

Supervisor