J-1 INTERN EVALUATION FORM

Intern’s Name: _________________________________________________

Dates of Intern’s Program: _______________________________________

Supervisor’s Name: ____________________________________________

Date of Evaluation: ____________________________________________

Did the Intern complete the specific tasks and activities assigned? Please comment on the Intern’s performance.

Did the Intern fulfill the educational objectives for his/her current degree program at the home institution? Please comment on the Intern’s accomplishments.

What knowledge, skills or techniques did the intern learn as a result of this program?

Supervisor’s Signature ______________________________ Date ___________________

Intern’s Signature __________________________________ Date ___________________