

J-1 STUDENT-INTERN EVALUATION FORM

This evaluation is a U.S. Department of State regulatory requirement, and our office must have this documentation in the event of an audit. Failure to submit the evaluation **prior to the conclusion of the training or internship program** may result in the denial of future use of the J-1 Student Intern category for prospective scholars. Please have the supervisor or the student intern submit the evaluation form via ISD or email ischolars@ucsd.edu.

If the student intern's program is **equal to or shorter than 6 months**, we will require **one Final Evaluation**. If the program is **longer than 6 months**, we will require **two evaluations**—at both the midway and final points. The **Mid-Point Evaluation** should be submitted to ISEO no more than 15 days from the mid-point of the internship.

| SECTION A: STUDENT-INTERN INFORMATION | | |
|---------------------------------------|-------------|-----------------------------|
| Last Name: | First Name: | Date of Birth (MM/DD/YYYY): |
| | | |

| SECTION B: EVALUATION TYPE (Please check one.) | |
|--|------------------|
| Midpoint Evaluation | Final Evaluation |

| SECTION C: SUPERVISOR'S EVALUATION | | | |
|---|---------------|--------------------|---------------|
| 1. Describe the student-intern's relations with others and his/her communication skills: | | | |
| Excellent | Above Average | Average | Below Average |
| 2. Please rank all appropriate student-intern traits, 5 being exceptional and 1 needing substantial improvement: | | | |
| Attitude toward job | Dependability | Quality of work | Judgement |
| 3. What accomplishments and skills did the Intern achieve during the internship program? | | | |
| | | | |
| 4. What areas can the Intern improve upon? Additional comments on Intern's performance, strengths, and/or skills: | | | |
| | | | |
| Supervisor Name: | Signature: | Date (MM/DD/YYYY): | |
| | | | |

| SECTION D: STUDENT-INTERN CERTIFICATION | |
|---|--------------------|
| I hereby certify that I have read the evaluation completed by my internship supervisor. | |
| Signature: | Date (MM/DD/YYYY): |
| | |