



**University of Illinois**  
International Student and Scholar Services  
327 International Studies Building, MC-486  
910 South Fifth Street, Champaign, IL 61820  
Telephone: 217-333-1303 Fax: 217-265-4252



---

**J-1 TRAINEE/STUDENT INTERN FINAL EVALUATION**

Trainee/Student Intern name: \_\_\_\_\_

SEVIS ID (located on top right corner of DS-2019): N \_\_\_\_\_

J-1 category:  Trainee  Student Intern

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Did the training program/internship provide the opportunities described in the placement plan?

Yes  No\*  To some extent\*

\*Please describe how the program differed from the original plan:

Did the trainee/student intern achieve the specific goals and objectives of the plan?

Yes  No\*  To some extent\*

\*Please explain how the program did not meet the scholar's needs:

Were any problems encountered during the program?  Yes\*  No

\*Please explain the problem(s) and what steps, if any, were taken to resolve the situation:

Any additional comments or suggestions:

J-1's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_