



University of Illinois
 International Student and Scholar Services
 201 Technology Plaza, MC-375
 616 East Green Street, Champaign, IL 61820
 Telephone: 217-333-1303 Fax: 217-265-4252



J-1 TRAINEE/STUDENT INTERN MID-POINT EVALUATION

Trainee/Student Intern name: _____

SEVIS ID (located on top right corner of DS-2019): N_____

J-1 category: Trainee Student Intern

Department: _____

Supervisor: _____

Has the training program/internship provided the opportunities described in the placement plan thus far?

Yes No* To some extent*

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

Is the trainee/student intern achieving the specific goals and objectives of the plan?

Yes No* To some extent*

*Please explain how the program has not met the scholar's needs:

Have any problems been encountered during the program? Yes* No

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

Any additional comments or suggestions:

J-1's signature: _____	Date: _____
Supervisor's signature: _____	Date: _____