



University of Illinois
 International Student and Scholar Services
 400 Student Services Building, MC-306
 610 East John Street, Champaign, IL 61820
 Telephone: 217-333-1303 Fax: 217-244-0530



MID-POINT EVALUATION

Scholar last name: _____

Scholar first name: _____

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

Department: _____

Supervisor: _____

Was a departmental orientation provided upon the scholar's arrival? Yes No

Is the supervisor available to offer assistance and answer questions? Yes No

How much time do the supervisor and scholar spend together on a daily basis?

Very little or no time Less than 50% Approximately 50%

More than 50% Most or all of the time

Has the program thus far been accurately reflected the placement plan? Yes No*

*If no, please describe how the program has differed from the original plan:

Have there been any problems with the program thus far? Yes* No

*If yes, please explain the problem(s) and what steps, if any, were taken to resolve the situation:

Has the program been beneficial and met established goals/objectives thus far? Yes No*

*If no, please explain what aspects of the program are not meeting your needs:

Any additional comments or suggestions:

Scholar's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____