



**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 STUDENT INTERN MID-POINT EVALUATION**

Student Intern name: \_\_\_\_\_

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

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 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 student intern'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: \_\_\_\_\_