Form G:
J-1 INTERN END OF PROGRAM EVALUATION FORM
(To be completed by the UTEP host department at the end of the program)

The department must evaluate the intern using this form. If the program lasts longer than six months, there must be a midpoint evaluation and one at the end of the program. If the program is less than six months only an end of program evaluation is needed. It is of great importance to forward this completed form to OIP following the completion of intern's program at UTEP.

Intern Name: ____________________________________________ UTEP
Department: ____________________________
               (Family Name)                            (First Name)

Intern Supervisor’s Name: ____________________________

Evaluation Information

Date of evaluation: ___________    Evaluation Phase:____ Midpoint Evaluation ____ End of Program
Evaluation
    (mm/dd/yyyy)

Period of Evaluation: ___________________________  Length of Internship:
        (mm/dd/yyyy) - (mm/dd/yyyy)                                           (mm/dd/yyyy) -
        (mm/dd/yyyy)

Please answer the following questions below:

1) Did the Intern complete the specific tasks and activities for this phase of the program as indicated on DS-7002 Training/Internship Placement Plan? Yes ___ No__
Comments:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

2) Did the Intern achieve the specific goals and objectives for this phase as indicated on DS-7002 Training/Internship Placement Plan? Yes ___ No__
Comments:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

3) Did the Intern attain the knowledge, skills and/or techniques for this phase as indicated on DS-7002 Training/Internship Placement Plan? Yes ___ No__
4) Did the evaluation and supervision methods taken place frequency as indicated on DS-7002 Training/Internship Placement Plan? Yes ___ No__

Comments:

______________________________________________________________

______________________________________________________________

______________________________________________________________

Additional comments:

______________________________________________________________

______________________________________________________________

______________________________________________________________

Supervisor Signature: ______________________________                        Date: _______________

Student Intern Signature: ____________________________                      Date: _______________