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: _____