

Intern and Training Program Evaluation

Dynamic Global Exchange



Instructions: This evaluation is to be completed by the supervisor and is meant to provide the intern/trainee with feedback concerning the progress in meeting set goals related to the skills and objectives outlined in the training plan. It must be completed halfway through the program (interim) and again at the end of the program (final). It is a requirement of the U.S. government that an intern/trainee must receive evaluations from his/her training supervisor.

Date: _____

Participant Name: _____

Host Employer: _____

Host Employer Location: _____

Supervisor Name: _____

Department: _____

Interim Evaluation

Final Evaluation

Please assign each intern/trainee characteristic below a numerical value based on the following:

- 5- Outstanding
- 4- Above Average
- 3- Average
- 2- Need for Improvement and Merits Attention
- 1- Significant Need for Improvement
- N- Does Not Apply

Open to Learning from Supervisor and Co-workers _____

Cooperates with Co-workers _____

Takes Initiative In Completing Assigned Tasks _____

Communicates with Supervisor on Work Progress and Process _____

Displays Good Communication Skills _____

Maintains Work Schedule, Hours, Starting Time _____

Exhibits Professional Behavior _____

Displays enthusiasm, diligence, and interest in assignments _____

Accepts constructive criticism and acts upon it _____

Takes on Leadership Role When Appropriate _____

Understands Company Structure and Departments _____

Has Identified Cultural Differences in Workplace between Home and U.S. _____

Commits to Meeting Goals and Objectives of Training Plan _____

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Please answer the following questions and include your thoughts on how successful the intern/trainee was in achieving the goals and objectives outlined in the training/intern placement plan.

Please comment on the specific areas of strength for the intern/trainee.

Please comment on areas for focus moving forward. What suggestions can you offer for the future business related success of the participant?

Would your company be interested in hosting other international interns/trainees? If so, what area of professional interest is your primary focus?

Signed;

Intern/Trainee: _____

Date: _____

Supervisor: _____

Date: _____

After reviewing this evaluation with the intern/trainee, please make two copies of this form and distribute as follows:

Original- Kept by Host Company

Copy 1- Given to Intern/Trainee

Copy 2- Mail, email, or fax this evaluation to:

Mail: 30725 River Crossing, Bingham Farms, MI 48025

Email: coordinator@dynamicglobalexchange.com

Fax: 678-261-1419