

Pursuant to 22 CFR 62.23(f)(6), we are providing the J-1 Academic Training Evaluation for one of our J-1 students. The evaluation is intended to address the student's learning objectives and the employer's commitment to help the student achieve those goals. We're pleased to report that the student has accomplished the learning objectives associated with his/her J-1 academic training and we fulfilled our commitment as an employer to help the student achieve those goals.

In your evaluation form (starting on page 2), please make sure you address the following information:

- Student Role and the Training Program's Direct Relationship to the Student's Qualifying Degree.
- Describe what specific tasks and assignments the student will carry out during their employment, and how these relate to the student's degree and learning objectives.
- The plan must cover a specific span of time, and detail specific goals and objectives.
- Goals and Objectives: Describe the specific skills, knowledge, and techniques the student will learn or apply; how the student will achieve the goals set out for his or her training; and the training curriculum including the timeline.
- Employer Oversight: Explain how the employer will provide oversight and supervision to the student. If the employer has a training program or related policy in place that controls such oversight and supervision, please describe.

In accordance with US Department of State Regulations, the hosting organization of a J-1 Academic Trainee must provide an evaluation of his/her progress and performance.

- J-1 evaluations must be completed at the 6-month intervals. If the internship is less than six months in duration, only one evaluation is required before the student leaves the U.S.
- The record must be retained for at least 3 years following the completion of the program. The form must also be submitted to the Office of Global Affairs at [iss-students@mail.wvu.edu](mailto:iss-students@mail.wvu.edu).
- Pages 2-3 must be completed for each job or change of positions and pages 4-5 must be completed every 6 months and at the completion of the training

*For any information regarding this matter, please contact Laura Lee Partington, the WVU J-1 Responsible Officer (RO) at [laura.partington@mail.wvu.edu](mailto:laura.partington@mail.wvu.edu).*

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## **Student's Information**

First/Given Name \_\_\_\_\_

Last/Surname \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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## **Employer Information**

Employer Name \_\_\_\_\_

Website URL \_\_\_\_\_

Street Address \_\_\_\_\_

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## **Supervisor Information**

Supervisor Name \_\_\_\_\_

Supervisor's Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

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## Training Plan

**Dates of Internship:** Start date \_\_\_\_\_ End date \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

**Student's Role:** Describe the student's role with the employer and how that role is directly related to enhancing the student's knowledge.

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**Goals and Objectives:** Describe how the assignment(s) with the employer will help the student achieve his or her specific objectives for work-based learning. The description must specify the knowledge, skills, or techniques, as well as the means, by which they will be achieved.

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**Employer Oversight:** Explain how the employer will provide oversight and supervision of the student.

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**Measures and Assessments:** Explain how the employer will measure and confirm the acquisition of knowledge and skills.

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Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Evaluation Type:** Please check ONE below (note that both the supervisor and student evaluation must be parts must be done together for each submission)

\_\_\_\_ 6-month Evaluation (to be completed every 6 months)

\_\_\_\_ Final Evaluation

## Supervisor Evaluation

1. Evaluate the student's performance based on the goals and objectives outlined in the training plan.

\_\_\_\_ Excellent \_\_\_\_ Above Average \_\_\_\_ Average \_\_\_\_ Below Average

Comments:

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2. Rate the overall training experience.

\_\_\_\_ Excellent \_\_\_\_ Above Average \_\_\_\_ Average \_\_\_\_ Below Average

Comments:

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3. 3. Are there any issues that need to be addressed?

\_\_\_\_ Yes \_\_\_\_ No

If yes, please explain:

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Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Student's Evaluation

1. Rate the overall training program and its benefits to you.

\_\_\_ Excellent \_\_\_ Above Average \_\_\_ Average \_\_\_ Below Average

Comments:

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2. Are there any issues that need to be addressed?

\_\_\_ Yes \_\_\_ No

If yes, please explain:

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3. How will this internship program be of value to you after you return to your home country?

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*I have verified all of the above information and certify that everything is true and correct.*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_