



Date: (Enter mm/dd/yyyy) _____

Participant Name: _____

Country of Birth: _____

Duration of Stay: (Enter mm/dd/yyyy) Start: _____ **End:** _____

Host Name: _____

Host Address: _____

For The Host Site:

1. Were the trainee's skills, education, and experience accurately described in their application to your training program?

Yes

No

Please comment:

2. Are the trainee's skills, education, and experience well suited to the training program you designed?

Yes

No

Please comment:



3. Please comment on the trainee's participation in the program

4. Please comment on the trainee's relationship with supervisors and peers



5. How would you rate the trainee's progress so far?

6. What are your goals for the trainee for the remainder of the program?

Signature
Trainee Supervisor

Title

Date



For The Trainee:

1. Are you satisfied with the training you have received so far?

Yes

No

Please comment:

2. What modifications to the training plan are needed, if any, to ensure a successful completion on the training objectives?



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3. Please comment on the balance between formal and “on-the-job training you have been receiving during the program.

4. In what community service activities have you been involved?

5. What are your goals for the remainder of the program?

Signature

Date