Trainee's Name: _____

Supervisor's Name: _____

Multinational Trainee Final Evaluation

To be completed by Host Supervisor

Government regulations require the evaluation of the exchange programs authorized by IPS. Please complete this evaluation with your trainee, and send a copy to IPS.

The Trainee

1. Please comment on how well the trainee met your expectations:

2. Please comment on the overall success of the training program:

3. How would you hope that the trainee will utilize the training upon their return home?

Over, please…

The Training Program

1. Are you satisfied with the training you provided over the course of the program? ❍ Yes ❍ No
   Please comment:

2. Please comment on the balance between the formal training and “on-the-job” training of the program.

3. What have you learned from this experience that you will modify for the next trainee?

Signature of Trainee

Signature of Supervisor

Date

Date

Please return to:

YMCA - IPS
5 West 63rd Street
New York, NY 10023

Call Toll Free
1-888-477-9622
E-mail
ips@ymcanyc.org

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