

## J-1 Student Intern Supervisor Evaluation

**SECTION 1: Student Intern's Primary Supervisor must complete. Please download this form to access the fillable features.** A mid-point evaluation is required for any program lasting longer than 6 months. A final evaluation is required at the conclusion of the internship, regardless of length. Completed evaluations should be emailed to International Student Services at [isss@buffalo.edu](mailto:isss@buffalo.edu).

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student Intern's Name (LAST, FIRST): \_\_\_\_\_

Start Date of Intern's Program: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

End Date of Intern's Program: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Evaluation Type? Check One.

\_\_\_\_\_ Mid-Point in the Intern's Program

\_\_\_\_\_ Final Evaluation

If this is a Final Evaluation, please confirm the Student Intern's last date at the internship site.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Evaluate the J-1 Student Intern's performance based on the goals and objectives outlines on the DS-7002 Training and Internship Plan.

\_\_\_\_\_ Excellent

\_\_\_\_\_ Above Average

\_\_\_\_\_ Average

\_\_\_\_\_ Below Average

### International Student Services

Talbert Hall 210, Buffalo, NY 14260-1604  
716.645.2258 (F) 716.645.6197  
[isss@buffalo.edu](mailto:isss@buffalo.edu)

[buffalo.edu/international-student-and-scholar-services](http://buffalo.edu/international-student-and-scholar-services)

**Did the Student Intern complete the specific tasks and activities as described on the Form DS-7002?  
Please comment on the Student Intern's performance.**

**What knowledge, skills or techniques did the Student Intern learn as a result of this program?**

**Are there any areas where the Student Intern can improve?**

**Supervisor's Name:** \_\_\_\_\_

**Academic Department:** \_\_\_\_\_

**Supervisor's E-mail Address:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**SECTION 2: Must be completed by the Student Intern.** Completed evaluations should be emailed to International Student Services at [iss@buffalo.edu](mailto:iss@buffalo.edu).

**How would you rate the overall training program (refer to the plan outlined in the Form DS-7002) and its benefits to you?**

\_\_\_\_\_ Excellent

\_\_\_\_\_ Above Average

\_\_\_\_\_ Average

\_\_\_\_\_ Below Average

**Did your internship follow the outline of your DS-7002 Training Program?**

**YES**

**NO**

**If no, please explain:**

**Is there any information that you wish you had before arriving in the U.S.?**

**Additional Comments. We would appreciate any insights into your experience at the University at Buffalo. Overall, was it a positive experience or a negative experience? Please explain.**

**I certify that I have read the evaluation completed by my sponsoring professor.**

**Intern's name:** \_\_\_\_\_

**Intern's E-mail Address:** \_\_\_\_\_

**Intern's Signature:** \_\_\_\_\_