



Host Employer: SEVIS number: N ____
Exchange Visitor: Training/Internship end date: / /
Supervisor: U.S departure date: / /

This evaluation is required from all participants. This is a U.S. Department of State requirement of the program according to J-1 regulations. Please complete, sign this evaluation, and return it to AIPT prior to completion of program.

Exchange Visitor: Please respond to the following questions and explain your answers if applicable. Attach additional sheets if necessary.

- 1. Do you feel that there has been a valuable exchange of ideas between you and your co-workers, and between you and the community?
2. Did the training program improve your understanding of American techniques, methodology, and philosophy as related to your career?
3. How do you rate your employer's ability to provide on-the-job training in your specific field?
4. Would you recommend this employer to future exchange visitors?
5. Were you generally satisfied with your training/internship experience?
6. How will this training/internship experience enhance your career in your country of residence?
7. What are your most outstanding impressions of the United States?
8. Please help us improve our program. We would appreciate any suggestions and/or criticism you might have.

Exchange Visitor Name and title (please print) Exchange Visitor Signature (required) Date

Supervisor: Please respond to the following questions and explain your answers if applicable. Attach additional sheets if necessary.

- 1. Were the number of training/internship hours the same as written in Training/Internship Placement Plan?
2. Did exchange visitor receive type of training as described in Training/Internship Placement Plan?
3. What are the most important contributions the exchange visitor made to your company/organization?
4. What are the most important benefits you gave to the exchange visitor?
5. Was the training/internship program generally beneficial to your company/organization?
6. How often did you have contact with AIPT?
7. Did you receive satisfactory cooperation from AIPT in answering your questions and helping to resolve situations concerning the program?
8. What is your overall evaluation of the AIPT program?
9. Do you plan to participate in an AIPT training program in the future?

Supervisor Name and title (please print) Supervisor Signature (required) Date