



Korea WEST

Internship Evaluation - Student

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, and return this form to AIPT prior to the completion of the program.

WEST Student Name	N Sevis Number
Host Employer	End Date (mm/dd/yyyy)
Supervisor	Departure Date (mm/dd/yyyy)

WEST Student: 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?
Yes No
2. Did the training program improve your understanding of American techniques, methodology, and philosophy as related to your career?
Yes No
3. How do you rate your employer's ability to provide on-the-job training in your specific field?
Excellent Good Fair Poor
4. Would you recommend this employer to future WEST students?
Yes No
5. Were you generally satisfied with your training/internship experience?
Yes No
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 or criticism you may have.

WEST Student Name (please print)

WEST Student Signature (required) Date (mm/dd/yyyy)



Korea WEST

Internship Evaluation - Supervisor

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, and return this form to AIPT prior to the completion of the program.

WEST Student Name	N Sevis Number
Host Employer	End Date (mm/dd/yyyy)
Supervisor	Departure Date (mm/dd/yyyy)

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 the Training/Internship Placement Plan?
Yes No
2. Did the WEST student receive the type of training as described in the Training/Internship Placement Plan?
Yes No
3. What are the most important contributions the WEST student made to your company/organization?
4. What are the most important benefits you provided the WEST student?
5. Was the training/internship program generally beneficial to your company/organization?
Yes No
6. How often did you have contact with AIPT?
Once a month Twice a month Three or more a month
7. Did you receive satisfactory cooperation from AIPT in answering your question and helping to resolve situations concerning the program?
Yes No
8. Was is your overall evaluation of the AIPT program?
Excellent Good Fair Poor
9. Do you plan to participate in an AIPT program in the future?
Yes No

Supervisor Name (please print)	Title
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Supervisor Signature (required)	Date (mm/dd/yyyy)
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