

## Academic Training (AT) Evaluation Form

(To be completed by student and employer every six months and at the end of the AT period.)

AT evaluations are a requirement of the Department of State. The student must upload this completed and signed evaluation to an **Academic Training Evaluation Request** in the [ISSS Portal](#).

Student's Name:

Dates of Training: Start Date

End Date

This is a:

Mid-Program Evaluation

End-of-Program Evaluation

### **PART I** *(To be completed by supervisor):*

Supervisors's Name:

Supervisor's Title:

Supervisor's Email:

Supervisor's Phone:

Organization Name:

Evaluate the student's performance related to the specific objectives detailed in their **Academic Training Request**.

Excellent

Above Average

Average

Below Average

Additional Comments (required):

**I certify that the information on this evaluation form is accurate:**

Supervisor Signature: \_\_\_\_\_

Date:

**PART II (To be completed by student):**

Full Name:

Email:

Phone:

How would you rate the extent to which your AT supplemented the goals and objectives of your academic program at ISU?

Excellent

Above Average

Average

Below Average

How would you rate the overall quality of your AT and its benefits to you?

Excellent

Above Average

Average

Below Average

What was most beneficial about your AT (required)?

Additional Comments:

Student Signature: \_\_\_\_\_

Date: