WISE Internship and Training Program

Final Evaluation Form: **to be completed by the host site**

Participant's Name: WISE ID #

Host Site Representative: Host Site:

Please take a few minutes to help us evaluate the J-1 participant's progress by fully completing the information below. **You should review this information with the participant and request their signature prior to returning this form**. The goal of the FINAL evaluation is to gain your opinion on the overall experience of the program. Please remember that the evaluation process is a requirement of the US Department of State for all J-1 participants. We would like to request that all evaluations be returned within the next (2) weeks.

Please return via email to: Erin@wisefoundation.com or Fax to: 770-579-0219

PLEASE NOTE: Both the host site rep & the participant must sign the evaluation for it to be valid. All unsigned evals will be returned to the host site for follow up.

What level of responsibility did the participant achieve?

How has the participant benefited by training or interning with your company?

How has this program benefited your company? Please comment on any effect it may have had in your operation as well as the cultural impact for the organization.

Overall, are you satisfied with your participant's program? ☐ YES ☐ NO

How could WISE make this program more beneficial to you?

Additional comments:

Thank you for participating in the WISE Internship or Training Program. We look forward to working with you in the future.

Host Site Rep's Signature:_____ Date: _____

Participant's Signature: _____ Date: _____