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Academic Training Evaluation Form

Per 22 CFR 62.23(f)(6), MIT ISO must "evaluate the effectiveness and appropriateness of the academic training in achieving the stated goals and objectives in order to ensure the quality of the academic training program." This evaluation form should be completed by you and your current supervisor.

SECTION 1: Student/Exchange Visitor Information (Completed by Student)	
Last Name:	First Name:
MIT ID:	SEVIS ID# (begins with 'N' on the Form DS-2019):
Email:	Phone Number:
ISO Advisor (e.g. RO/ARO):	Program Sponsor: MIT, P-1-00039
Academic Training Dates (mm/dd/yyyy): From: To:	Degree Level (check one): <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral
Major field of study for academic training:	Degree Date Awarded:

SECTION 2: Academic Training Information (Completed by Student)
Specific goals and objectives of Academic Training (as specified in the initial Academic Training application):



Explanation of how the Academic Training relates to the student's major field of study:

Why the Academic Training is an integral or critical part of the student's academic program:

SECTION 3: Employer/Host Organization Information (Completed by Student and Employer)	
Employer Name:	Street Address:
Employer Website:	City:
Number of Full Time Employees:	State: Zip Code:
Start Date of Employment/AT (mm-dd-yyyy):	Hours Per Week (must be at least 20 hours/week):
	Salary/Stipend:
Supervisor Information	
Supervisor Last Name:	Supervisor First Name:
Supervisor Title:	
Supervisor Phone Number:	Supervisor Email:

SECTION 4: Employer Evaluation (Completed by Employer)

Description of the J-1 Student's Role:

Employer Oversight: Explain how the employer provided oversight and supervision of individuals filling positions such as that being filled by the above-named J-1 Student. If the employer has a training program or related policy in place that controls such oversight and supervision, please describe.

Measures and Assessments: Explain how the employer measured and confirmed whether individuals filling positions such as that being filled by the above-named J-1 student were acquiring new knowledge and skills. If the employer has a training program or related policy in place that controls such measures and assessments, please describe.

Knowledge, Skills, and Techniques: What specific knowledge, skills, or techniques were learned, taught, or achieved by the above-named J-1 Student?

Cultural Activities: What plans are in place for the J-1 Student to participate in cultural activities while in the United States?

SECTION 5: Final Evaluation on Student Progress (Completed by Student and Employer)

Please provide a self-evaluation of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in this evaluation form. Discuss accomplishments, successful projects, overall contributions, etc., during this Academic Training period. Address whether there are any modifications to the objectives and goals for projects, or new areas for skill and competency development.

Range of Evaluation Dates:

From (mm-dd-yyyy):

To (mm-dd-yyyy):

Student Certification: *I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.*

Signature of Student (Sign in ink):

Printed Name of Student:

Date (mm-dd-yyyy):

Employer Certification: *I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.*

Signature of Employer Official with Signatory Authority (Sign in ink):

Printed Name of Employer Official with Signatory Authority:

Date (mm-dd-yyyy):