University of Maryland’s Exchange Visitor Program
Trainee’s Evaluation Program

Name of Trainee: ____________________________________________  Date: ______________

Name of Faculty Supervisor: _________________________________________________________

1. How helpful was the information you received prior to departing your home country?

   a. DOS Exchange Visitor information  □  □  □
   b. U.S. health insurance requirements  □  □  □
   c. Details of the training program  □  □  □
   d. Supervising faculty member’s contact information  □  □  □
   e. Preliminary housing information  □  □  □
   f. General campus information  □  □  □
   g. Campus map  □  □  □

What suggestions do you have for improving the information provided to trainees prior to departing their home country?

2. How helpful was the information you received from the Office of International Services, your faculty supervisor, and others during your orientation to the University of Maryland and your training position?

   a. Campus area and tour  □  □  □
   b. Tour of departmental facilities  □  □  □
   c. Meeting with faculty supervisor to finalize training program details  □  □  □
   d. Orientation by staff from the Office of International Services regarding visa requirements, social security, taxes and adjustment issues.  □  □  □
3. What suggestions do you have for improving the orientation process?

4. Was the supervision by your faculty sponsor (or his/her designate) adequate to meet your needs?
   - [ ] Yes
   - [x] No

5. Were you able to meet with your faculty supervisor on a regular basis?
   - [ ] Yes
   - [x] No

6. Was your English proficiency sufficient to obtain maximum benefit from the training program?
   - [ ] Yes
   - [x] No

7. Was the amount of work appropriate for your training program?
   - [ ] Yes
   - [x] No

8. Was the amount of knowledge required by this training program:
   - [x] Very high
   - [ ] High
   - [ ] About right
   - [ ] Low
   - [ ] Very low

9. Was the amount of skill development (i.e., computer, lab equipment) required by this training program:
   - [x] Very high
   - [ ] High
   - [ ] About right
   - [ ] Low
   - [ ] Very low

10. How many hours per week did your training program require on a regular basis?
    - [ ] Less than 40 hours
    - [x] 40 hours
    - [ ] 41-45
    - [ ] 46-50
    - [ ] 50+

11. Do you have any final comments you would like to make about your training experience or suggestions you would like to make for the training program?