



## Academic Training Evaluation Form

“The sponsor 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.” (22 CFR 62.23(f)(6))

<b>STUDENT INFORMATION</b>	
LAST NAME	FIRST NAME
BYUH ID NUMBER	EXPECTED PROGRAM END DATE
START DATE (MM/DD/YYYY)	END DATE (MM/DD/YYYY)
How has your academic training experience helped you reach or enhance the goals and objectives of your academic program at BYU-Hawaii?	
What aspects of your academic training were most useful?	

<b>EMPLOYER INFORMATION</b>			
EMPLOYER			
EMPLOYER’S ADDRESS	STREET ADDRESS		
	CITY	STATE	ZIP CODE
JOB TITLE	SUPERVISOR’S NAME		
SUPERVISOR’S EMAIL	SUPERVISOR’S PHONE NUMBER		

<b>SUPERVISOR VERIFICATION</b>		
Did the student complete academic training? YES      NO (If NO please comment)		
How well did the student perform? Outstanding   Satisfactory   Unsatisfactory (please comment)		
Please provide a brief summary of how this AT helped the student achieve stated goals and objectives.		
SUPERVISOR SIGNATURE	PRINT NAME	TODAY'S DATE (MM/DD/YYYY)