



Midpoint Evaluation for Sponsored Student Intern at UM

For programs lasting beyond 6 months. Completed evaluations should be emailed to the OIS.

Name of Student Intern	Signature	Date
Faculty Supervisor	Signature	Date

How well do you feel the trainee is accomplishing the overall goals for the training program at this point in his/her training? (excellent= 5, poor= 1, circle the number that describes how you feel)

- | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. An understanding of the process for conducting research as outlined in his/her training program | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 2. An understanding of the safety and ethical issues in conducting research | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 3. Practical experience in conducting research | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 4. Experience in the work environment of an academic research institution in the U.S. | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |

Please put an 'X' in the most applicable box.	Very well	Adequately	Inadequately
How well is the trainee acquiring the knowledge required for his/her training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well is the trainee developing the skills required for his/her training program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



UNIVERSITY of MARYLAND
THE FOUNDING CAMPUS

Please put an 'X' in the most applicable box.	Excellent	Good	Fair	Poor
How dependable is the trainee in accomplishing tasks, being on time for work, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How is the trainee's attitude toward his/her work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How is the trainee's English proficiency? (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:
