

TRAINING EVALUATION

Name of Student: _____

Dates of the academic training: _____ Location: _____

Description of the training position: _____

Original training objective: _____

To be completed by student

1. Has your academic training met the goals of your program of study? ___Yes ___No

2. What aspects of your academic training were the most useful?

Other comments:

Signature of student _____ Date _____

To be completed by supervisor

1. Was the student's preparation adequate for the training program? ___Yes ___No

2. In what ways did the program meet the student's training goals?

Other comments:

Signature of supervisor _____ Date _____

Please return to David Lawson by mail to 1620 Melrose Ave., Knoxville, TN 37996-3531
or send scanned copy to dplawson@utk.edu