

# 3- MONTH EVALUATION FORM

Host Agency – Participant Evaluation

Host manager must complete this performance evaluation at the end of the exchange.

Completed evaluation forms are due Thursday, December 12th.

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| Participant Name |  |

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| --- | --- |
| Host Manager |  |

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| --- | --- |
| Host Organization |  |

Did your candidate complete their primary exchange assignment? Yes ☐ No ☐

Did the candidate’s quality of work meet or exceed expectations? Yes ☐ No ☐

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| Participant Evaluation |
| Please review participant’s progress and contributions during their MTEP assignment. |
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# 3- MONTH EVALUATION FORM

**Host Agency – Program Evaluation**

**Please rate the following:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Program Element** | **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** | **N/A** |
| Quality of MTEP Participant |  |  |  |  |  |  |
| Quality of Participant’s Work Product |  |  |  |  |  |  |
| MTEP Kick-Off |  |  |  |  |  |  |
| MTEP Support and Resources |  |  |  |  |  |  |
| Program Communication |  |  |  |  |  |  |

Would you participate as a host again? Yes ☐ No ☐

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| Comments and Suggestions for Improvement |
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