

**THE BELGIAN-AMERICAN CHAMBER OF COMMERCE  
IN THE UNITED STATES**

**EXCHANGE VISITOR PROGRAM  
INTERN/TRAINEE EVALUATION FORM**

The BACC asks that you complete this form to provide us with information regarding your experiences with the training program sponsored by the BACC Exchange Visitor Program. This form must be completed at the midpoint of your training program (whether your program is 6, 12 or 18 months long), and again upon the conclusion of the program. If the program is 3 months long, this form need only be completed at the end of internship/training. Please note that this form must be countersigned by your supervisor. This information will also be used to evaluate and improve the BACC Exchange Visitor Program.

Please fax or email the completed questionnaire at your earliest convenience to:

[info@belcham.org](mailto:info@belcham.org)

We greatly appreciate your cooperation.

**PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL COMMENTS.**

1. Your name: \_\_\_\_\_  
\_\_\_\_\_
2. Name of Company: \_\_\_\_\_  
\_\_\_\_\_
3. Duration of Traineeship: \_\_\_\_\_  
\_\_\_\_\_

**EVALUATION OF THE BACC**

1. Were you satisfied with the assistance the BACC provided to you in obtaining the relevant information and completing the requisite forms prior to the beginning of the training program? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "No," please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Was the BACC helpful in the event of problems and available to answer your questions or meet your general needs? Yes \_\_\_\_\_ No: \_\_\_\_\_
3. Has this training program met your expectations? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If "No," please explain: \_\_\_\_\_

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4. Would you recommend the BACC's Exchange Visitor Program? Yes: \_\_\_\_\_ No: \_\_\_\_\_
5. Please provide any recommendations or suggestions you may have for improving the BACC Exchange Visitor Program:

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### **EVALUATION OF THE TRAINING PROGRAM**

1. Which department did you become acquainted with?

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2. Describe your specific duties or projects:

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3. Did the training program meet your training objectives? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If "No," please explain:

\_\_\_\_\_

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4. Did you learn new skills? Yes: \_\_\_\_\_ No: \_\_\_\_\_

5. Did you build on existing skills? Yes: \_\_\_\_\_ No: \_\_\_\_\_

6. Did you become involved in any activities (team sports, volunteering, social events, etc.) in connection with your training? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If "Yes," please describe:

\_\_\_\_\_

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7. Were there any aspects of your training that could have been improved?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_. If "Yes," please explain:

\_\_\_\_\_

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### **EVALUATION OF HOST COMPANY**

1. Did your host company follow the schedule in the training program? Yes:  
\_\_\_\_\_  
No: \_\_\_\_\_. If "No," please explain:

\_\_\_\_\_

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2. Did your host company show interest in your individual progress:  
Yes: \_\_\_\_ No: \_\_\_\_
3. Did your host company provide you with assistance in your transition to the community? Yes: \_\_\_\_ No: \_\_\_\_
4. Did your host company improve your understanding of American business and techniques? Yes: \_\_\_\_ No: \_\_\_\_
5. Would you recommend your host company to future trainees? Yes: \_\_\_\_ No: \_\_\_\_
6. Rate your overall experience with your host company:  
Excellent: \_\_\_\_ Above Average: \_\_\_\_ Average: \_\_\_\_ Fair: \_\_\_\_ Poor: \_\_\_\_
7. Additional Comments:
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Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your Supervisor's Signature: \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_

Date: \_\_\_\_\_