

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

**EXCHANGE VISITOR PROGRAM
HOST COMPANY EVALUATION FORM**

The BACC asks that you complete this form to provide us with information regarding your experiences with the intern/trainee you are sponsoring under the BACC Exchange Visitor Program. This form must be completed by the intern/trainee's supervisor at the midpoint of the training program (whether the 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 or training. Please note that this form must be countersigned by the inytern/trainee as well. This information will also be used to evaluate and improve the BACC Exchange Visitor Program.

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

BACC
C/o Fortis
153 East 53rd street, 27th Floor
New York, NY 10022
Phone: (212) 340 6271 Fax: (212)340 6270

We greatly appreciate your cooperation.

PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL COMMENTS.

1. Name of Company: _____
2. Name of Trainee/intern: _____
3. Duration of Intern/Traineeship: _____
4. Your name and relation to the intern/trainee (supervisor, advisor, etc.):

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 internship/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. Is the BACC Exchange Program beneficial to your business? Yes: _____ No: _____
4. Would you participate in the BACC's Exchange Visitor Program in the future? Yes: _____ No: _____
5. Would you recommend the BACC's Exchange Visitor Program to other companies? Yes: _____ No: _____
6. Would you be able to provide the name of another company that might be interested in participating in the BACC's Exchange Visitor Program? If "yes," please identify:

7. Please provide any recommendations or suggestions you may have for improving the BACC Exchange Visitor Program:

EVALUATION OF THE INTERN/TRAINEE

1. Did the intern/trainee prove to have the qualifications and background that you required? Yes: _____ No: _____
If "No," please explain: _____

2. What was your overall impression of the intern/trainee?
Excellent: ___ Above Average: _____ Average: _____ Fair: _____ Poor: _____

3. How was the intern/trainee's contribution to your business?
Excellent: ___ Above Average: _____ Average: _____ Fair: _____ Poor: _____

4. Would you like to see this intern/trainee as a future employee of your company or overseas affiliate? Yes: _____ No: _____

5. How do you think the intern/trainee benefited from internship/training at your business?

6. Additional Comments:

Signature: _____ Date: _____

Name: _____

Intern/Trainee's Signature: _____ Date: _____

Intern/Trainee's Name: _____