

The American-Scandinavian Foundation
58 Park Avenue, New York NY 10016
Tel: (212) 879-9779; Fax: (212) 249-3444
email: training@amscan.org

**PLEASE NOTE: ALL FORMS MUST HAVE A SIGNATURE.
PLEASE COMPLETE THE FORM, SIGN, AND RETURN TO ASF.**

TRAINING PROGRESS REPORT II

ASF takes this opportunity to follow up with you, to assure that the training program continues to progress to your satisfaction and mutual benefit. This is an opportunity for both of you, trainer and trainee, to discuss performance and accomplishments since the last performance review and discuss what will take place in this final phase of training. Both trainee and trainer should complete their sections of this report, review and sign on the reverse side Please return the completed and signed evaluation to ASF within two weeks.

Name of Firm:

Name of Trainee:

FOR THE TRAINER TO COMPLETE:

Have you seen professional growth in your trainee since the beginning of training? If yes, in which areas?

Are there any areas in which you would like to see improvement?

Does the training program continue to progress in accordance with the stages indicated on the training plan?
If not, please explain.

Which area of activity or activities will be emphasized in this last phase of the training program?

Below is room for any additional comments you would like to make:

(over)

FOR THE TRAINEE TO COMPLETE:

Does your training in the U.S. continue to meet your expectations? Yes/No. Please explain.

Do you continue to follow the training plan you received with your visa certificate? Yes/No. Please explain.

Are there any additional areas, not included in the training plan, in which you would like to gain experience?Yes/No. If yes, please explain.

Give an example of a project you recently completed:

What do you hope to accomplish during the remainder of your training?

What is the most important thing that you have learned so far?

Would you like to comment on anything your trainer has said in this report?

Would you like to add any additional comments about your training or your stay in the U.S., or any questions you might have for ASF?

BOTH TRAINEE AND TRAINER MUST SIGN BELOW:

Trainer's signature: _____ Title:

Please Print Name: _____ Date:

Trainee's signature: _____ Date: