



This page can be left blank when you submit your I-983 Training Plan to ISSS to request your STEM OPT extension I-20. Do not fill this page for your regular OPT!

You will need to complete these evaluations annually during your STEM OPT extension period. Please see the STEM OPT Policy Guide for more information.

EVALUATION ON STUDENT PROGRESS	
Provide a self-evaluation of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in the Training Plan for STEM OPT Students. Discuss accomplishments, successful projects, overall contributions, etc., during this review period. Address whether there are any modifications to the objectives and goals for projects, or new areas for skill and competency development.	
Range of Evaluation Dates: From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____	
	
<p>Student evaluations are a shared responsibility of both the student and the employer to ensure that the student's practical training goals are being satisfactorily met. The student is responsible for conducting a self-evaluation based on his/her own training progress. The employer must review and sign the self-evaluation to attest to its accuracy.</p> <p>Please use this box for 12 Month Annual Self-Evaluation due 12 Months after the STEM OPT start date.</p>	
Must be signed by the person who signed I-983 Section 6	
Signature of Student (Sign in ink):	<u>Cannot be an electronic signature, typed, drawn or inserted image of signature - Must be hand-signed in wet ink!!!</u>
Printed Name of Student:	<u>Your Name</u> Date (mm-dd-yyyy): <u>MM-DD-YYYY</u>
Signature of Employer Official with Signatory Authority (Sign in ink):	<u>Cannot be an electronic signature, typed, drawn or inserted image of signature - Must be hand-signed in wet ink!!!</u>
Printed Name of Employer Official with Signatory Authority:	<u>Printed Name</u> Date (mm-dd-yyyy): <u>MM-DD-YYYY</u>
FINAL EVALUATION ON STUDENT PROGRESS	
Provide a self-evaluation of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in the Training Plan for STEM OPT Students. Discuss accomplishments, successful projects, overall contributions, etc., during this review period. Address whether there are any modifications to the objectives and goals for projects, or new areas for skill and competency development.	
Range of Evaluation Dates: From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____	
	
<p>Student evaluations are a shared responsibility of both the student and the employer to ensure that the student's practical training goals are being satisfactorily met. The student is responsible for conducting a self-evaluation based on his/her own training progress. The employer must review and sign the self-evaluation to attest to its accuracy.</p> <p>Please use this box for</p> <ul style="list-style-type: none">• 24 Month Final Self-Evaluation due 24 Months after the STEM OPT start date OR• Ending Employment Early or Ending STEM OPT Early OR• Changing Employers or Changing Positions with the same STEM Employer	
Must be signed by the person who signed I-983 Section 6	
Signature of Student (Sign in ink):	<u>Cannot be an electronic signature, typed, drawn or inserted image of signature - Must be hand-signed in wet ink!!!</u>
Printed Name of Student:	<u>Your Name</u> Date (mm-dd-yyyy): <u>MM-DD-YYYY</u>
Signature of Employer Official with Signatory Authority (Sign in ink):	<u>Cannot be an electronic signature, typed, drawn or inserted image of signature - Must be hand-signed in wet ink!!!</u>
Printed Name of Employer Official with Signatory Authority:	<u>Printed Name</u> Date (mm-dd-yyyy): <u>MM-DD-YYYY</u>