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 PROGRES	S		
Provide a self-evaluation of your performance, using the measures competencies identified in the Training Plan for STEM OPT Studed during this review period. Address whether there are any modificat development.	nts. Discuss accomplishments,	successful proje	ects, overall cor	tributions, etc.,
Range of Evaluation Dates: From (mm-dd-yyyy):	To (mm-dd-yyyy):			
	The first 12-month	າ evaluation wh	ile on the 24-i	month STEM OPT
Student evaluations are a shared responsibility of both training goals are being satisfactorily met. The student training progress. The employer must review and sign	t is responsible for conductin	, g a self-evaluat	ion based on l	
Please use this box for 12 Month Annual Self-Eva	aluation due 12 Months a	fter the STEM	OPT start da	ate.
Must be signed by the person who signed I-983	Section 6			
Signature of Student (Sign in ink): Cannot be an electronic sign	ature, typed, drawn or insert	ed image of sig	nature - Must	be hand-signed in we
Printed Name of Student: Your Name	Cannot be an electronic signa	Date (mm-dd-yyyy):	MM-DD-YYYY
Signature of Employer Official with Signatory Authority (Sign in ink	Must be hand-signed in wet i	nk!!!	n or inserted in	
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	10N ON STUDENT PROGI	RESS	mm-dd-yyyy):	
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