

## Imported Block 1 - Sep 25, 2020

The U.S. State Department's Bureau of Educational and Cultural Affairs (ECA) would like to ask you a few questions about your experiences in the Intern/Trainee program. The goal is to better understand both successes and challenges of this program.

Please complete this survey by November 30. The survey has 20-25 questions and should take less than 30 minutes to complete.

Your responses will be anonymous and aggregated with other responses for the reporting purposes. The results of this survey are for internal ECA use only, and will not be shared publicly.

The only instances when your name may be used are for the purpose of follow-up on specific problems identified in this survey. The Department of State works with Intern/Trainee exchange visitors when they have serious concerns about their placement and their sponsor is unwilling or unable to assist them. In these cases, a member of our team may contact you for additional details and possible follow-up.

Your participation in this survey is voluntary, and you are free to choose not to answer any question. Your completion of the survey will not affect your eligibility for future Intern/Trainee or other ECA programs.

Contact the ECA Evaluation team (ecaevaluation@state.gov) for technical support with the survey system or inquiries about specific questions.

By clicking "Yes" you confirm that you have read the above consent information and agree to voluntarily participate in this survey.

Yes - take me to the surveyNo - exit the survey

### Please enter the following information

First Name	
Middle Name	
Last Name	
Date of Birth (mm-dd-yyyy)	
Email Address	

# Please select your country of citizenship.

Afghanistan	
Albania	
Algeria	
Andorra	
Angola	
Antigua and Barbuda	
Argentina	
Armenia	
Australia	
Austria	•

Please enter SEVIS ID number.

(Found in top right-hand corner of your DS-2019 form)

Please enter current U.S. city

#### Please select current U.S. state

Alabama	
Alaska	
Arizona	
Arkansas	
California	
Colorado	
Connecticut	
Delaware	
Florida	
Georgia	•

Please select occupational category.

- Agricultural/Forestry/Fishing
- Arts & Culture
- Construction/Building Trades
- Education/Social Science/Library Science/Counseling/Social Services
- Health-Related Occupations
- Hospitality & Tourism
- Information Media & Communications
- Management/Business/Commerce/Finance

O Public Administration & Law

) Sciences/Engineering/Architecture/Mathematics/Industrial Occupation

Ο	Yes

🔵 No

Please specify your device. Check all that apply.

- Cell phone
- Smart phone
- Tablet
- Computer with microphone
- Computer with microphone and camera

Other (please describe)

How long have you participated in the Intern/Trainee program? Please indicate number of months.



Given current COVID-19 restrictions,	what cultural	activities ha	ve you particip	ated
in?				

Virtual meet and greets
Virtual meetings with other Americans
Virtual meetings with other Intern/Trainees
Socially distanced outdoor activities
Celebrating holidays
Other
None

Do you feel safe and comfortable in your housing?

O Yes

) No

Please explain why you do not feel safe and/or comfortable. Check all that apply.

- Rent too high
- Not enough bedrooms
- Too far from host organization
- Far away from public transportation
- Far away from local attractions
- Doors do not lock
- Neighborhood is unsafe

Other (please describe)

Please indicate your level of satisfaction with the training activities at your host site.

- C Extremely satisfied
- O Somewhat satisfied
- O Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Extremely dissatisfied

Please explain why you are dissatisfied. Check all that apply.

- Training activities do not match training plan
- ] Have not advanced to different phases in accordance with training plan
- Performing unskilled labor
- ] Used as substitute for American employees

Other (please describe)

Does your training plan match with what you are doing at the host site?

- 🔵 Always
- Most of the time
- About half the time
- Sometimes
- ) Never

Do you feel your program is providing you with genuine training, regular work, or is it some of both?

# Genuine training

Regular work

) Some of both

Please indicate your level of satisfaction with your sponsor.

- O Extremely satisfied
- Somewhat satisfied
- O Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Extremely dissatisfied

Please explain why you are dissatisfied. Check all that apply.

- Did not help with host organization problems
- Did not respond to questions
- Did not help with medical questions
- Does not regularly contact me

Other (please describe)

How often do you communicate with your sponsor?

- Daily
- ◯ Weekly
- Monthly
- Quarterly

Other (please describe)

# How much did participation in the program change your understanding or knowledge of the following topics?

	No change	Minimal change	Moderate change	Substantial change
United States values and culture	0	0	0	0
Daily life in the United States	0	0	0	0
Religious and ethnic diversity in the United States	0	0	0	0
Freedom of speech and press in the United States	0	0	0	0

Overall, how would you describe your Intern/Trainee program experience?

- C Extremely positive
- Somewhat positive
- O Neither positive nor negative
- Somewhat negative
- C Extremely negative

Please select the primary reason(s) for your negative experience. Check all that apply.

Host organization concerns

Training plan concerns

Supervisor concerns

Other (please describe)

Do you have any additional comments or concerns you would like to share with us? Please describe.

Please take note of the below emergency contact information:

Exchange Visitor Program Emergency Hotline: 24/7 toll-free: 1-866-283-9090 Email/General Inquires: Jvisas@state.gov Regulations: J-1 Visa Program Website: http://j1visa.state.gov



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