

ARIZONA STATE UNIVERSITY
SCHOOL OF ARCHITECTURE AND LANDSCAPE ARCHITECTURE
INTERNSHIP PROGRAM

EVALUATION OF STUDENT *(To be completed by supervisor and either mailed or faxed directly to the School of Architecture and Landscape Architecture)*

Student Name: _____ Firm Telephone#: _____

Firm Name: _____

Firm Address: _____

*Supervisor: _____ Intern Period: _____ to _____

- | | |
|---|---|
| <p>1. Evaluate the intern's development and progress in technical skills such as drafting, sketching, delineation, etc.</p> <p>DISTINCTION _____
EXCELLENT _____
GOOD _____
DEFICIENT _____
FAILING _____</p> | <p>6. Intern's professional curiosity in asking questions about office techniques and procedures.</p> <p>DISTINCTION _____
EXCELLENT _____
GOOD _____
DEFICIENT _____
FAILING _____</p> |
| <p>2. Intern's verbal communication; expressing their thoughts and understanding others.</p> <p>DISTINCTION _____
EXCELLENT _____
GOOD _____
DEFICIENT _____
FAILING _____</p> | <p>7. Responsiveness of intern to take on assignments.</p> <p>DISTINCTION _____
EXCELLENT _____
GOOD _____
DEFICIENT _____
FAILING _____</p> |
| <p>3. Intern's interpersonal skills and demeanor.</p> <p>DISTINCTION _____
EXCELLENT _____
GOOD _____
DEFICIENT _____
FAILING _____</p> | <p>8. Intern's curiosity of a professional career in architecture or landscape architecture.</p> <p>DISTINCTION _____
EXCELLENT _____
GOOD _____
DEFICIENT _____
FAILING _____</p> |
| <p>4. Thoroughness of intern's work; attention to detail and accuracy.</p> <p>DISTINCTION _____
EXCELLENT _____
GOOD _____
DEFICIENT _____
FAILING _____</p> | <p>9. Was the intern's presence positive to the overall office/dynamics?</p> <p>DISTINCTION _____
EXCELLENT _____
GOOD _____
DEFICIENT _____
FAILING _____</p> |
| <p>5. Intern's work habits and efficiency.</p> <p>DISTINCTION _____
EXCELLENT _____
GOOD _____
DEFICIENT _____
FAILING _____</p> | <p>10. Evaluation of intern's overall performance.</p> <p>DISTINCTION _____
EXCELLENT _____
GOOD _____
DEFICIENT _____
FAILING _____</p> |

Comments: (Continue on reverse side or provide attachment if necessary)

RETURN THIS FORM TO:
Internship Coordinator
School of Architecture and Landscape Architecture
Arizona State University
P.O. Box 871605
Tempe, AZ 85287-1605
FAX: (480) 965-0968

Recommended Grade (check one)
___ Satisfactory
___ Unsatisfactory

Sponsor's Signature

Date

By signing above I give permission for the intern to review this evaluation.

*Supervisor Signature

Date

*this is who will be the contact for ASU