

Employer's Intern Evaluation Form

To be completed by host firm supervisor and submitted at the completion of the internship.

Student Name _____ ASU Affiliate ID # _____

Program of Study Architecture ___ Industrial Design ___ Interior Design/Architecture ___
 Landscape Architecture ___ Urban Design ___ Visual Communication Design ___

Academic Level Undergraduate _____ Graduate _____

Firm Name _____

Supervisor Name _____

Internship Period (mm/dd/yy-mm/dd/yy) _____

Evaluate the intern's willingness in performing assigned tasks.	Excellent _____ Good _____ Deficient _____ Failing _____	Was intern a help to the office?	Excellent _____ Good _____ Deficient _____ Failing _____
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Thoroughness of intern's work (attention to detail and accuracy), and efforts in the office.	Excellent _____ Good _____ Deficient _____ Failing _____	Intern's general attitude.	Excellent _____ Good _____ Deficient _____ Failing _____
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Intern's verbal communications; expressing their thoughts and understanding the thoughts of others.	Excellent _____ Good _____ Deficient _____ Failing _____	Intern's professional curiosity in asking questions about office techniques and procedures.	Excellent _____ Good _____ Deficient _____ Failing _____
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Ability of intern to take on assigned responsibilities to the best of intern's capability.	Excellent _____ Good _____ Deficient _____ Failing _____	Intern's curiosity of professional career.	Excellent _____ Good _____ Deficient _____ Failing _____
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Evaluate the intern's development and progress in technical skills such as drafting, sketching, delineation, etc.	Excellent _____ Good _____ Deficient _____ Failing _____	Evaluation of intern's overall performance	Excellent _____ Good _____ Deficient _____ Failing _____
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Additional Comments
 (Provide attachment if necessary)

Supervisor Signature and Date _____ **Date** _____

By signing this form I confirm that the intern completed the required hours as stipulated in the Internship Policy.

Please return to The Design School at designmail@asu.edu, or at the address below.