Massachusetts Institute of Technology Department of Architecture Practical Experience Internship — Employer Evaluation

Note to the evaluator: This form will be used by a member of the Department of Architecture faculty to assign academic credit and a grade for your student employee’s summer work. We are grateful for your assistance.

Date

# Name of student employee

Name of evaluator Name of company Period of employment

Relationship to student employee:

# Please comment briefly on the student’s contribution to your office, including his/her attendance and responsiveness to instruction, range of tasks, as well as capability to perform the assigned work.

Evaluator’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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