

**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 \_\_\_\_\_