

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 _____