

# CAL POLY

SAN LUIS OBISPO

Landscape Architecture Department  
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## INTERN EVALUATION FORM

Please complete the following evaluation of the student intern, noting tasks performed, level of performance and areas for improvement.

Name of Intern: \_\_\_\_\_

Dates/Hours of Internship: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### I. **Tasks and Responsibilities:**

Please provide an overview of the Tasks and Responsibilities completed by the Intern.

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**INTERN EVALUATION FORM (cont.)**

**II. Professional Knowledge:**

Please check the appropriate boxes below

<b>Design/Planning Skills</b>	Satisfactory	Unsatisfactory	Not Applicable
Site Analysis			
Program Development			
Concept Design			
Design Development			
Construction Documentation			
other (please list)			

<b>Project Management</b>	Satisfactory	Unsatisfactory	Not Applicable
Time Management			
Organization			
other (please list)			

<b>Professional Skills</b>	Satisfactory	Unsatisfactory	Not Applicable
Freehand Drawing			
Computer / Visualization			
Drafting (Freehand or CAD)			
Written Communication			
Verbal Communication			
other (please list)			

**III. Professional Attitude and Behavior:**

	Satisfactory	Unsatisfactory	Not Applicable
Participation and Engagement			
Critical Thinking			
Collaboration and Team Work			
General Work Habits			
other (please list)			

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**In the space below, please add any comments you might have which will help us to better assess the student and help the student continue to develop:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your participation in this valuable part of our student's education!

Please return this evaluation to:

**Landscape Architecture Department**

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San Luis Obispo, CA 93407-0285

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