

IAR 690 Evaluation Form

Send to: Professor Jo Leimenstoll, Director of Graduate Study
Department of Interior Architecture
106 Gatewood Studio Arts Building
Post Office Box 26170
Greensboro, NC 27402-6170

Name of Intern: _____

Name of Site Supervisor: _____

Date: _____

Please complete the evaluation, adding any comments in the spaces provided after each question or at the end of this form.

1. Overall satisfaction _____ high _____ medium _____ low

	Excellent	Acceptable	Poor
2. Attendance and Punctuality	_____	_____	_____
Reliability	_____	_____	_____
Relationship with Coworkers	_____	_____	_____
Relationship with Mentor(s)	_____	_____	_____
Initiative	_____	_____	_____

3. Skill/Knowledge Development ...

with regard to daily tasks _____

with regard to achievement of learning objectives _____

4. a. Have you identified lack of specific skills or knowledge that, in your opinion, a student at the intern's level should have? If so, please describe.

b. If so, have you discussed with the intern?

5. Do you find the intern open to feedback? Is this consistent or situational?

