

Interior Design Internship Program evaluation

Internship Evaluation by Employer

To be completed by employer.

After you have completed this form, save this file on your computer. Then attach it in an email to nhackett@suffolk.edu

Student Name: _____

Supervisor (name and title): _____

Supervisor's e-mail: _____ Supervisor's phone: _____

Firm Name: _____ website: _____

Firm Address: _____

Has the student appeared regularly and punctually? Always Sometimes Never

Has the student performed his/her duties satisfactorily? Always Sometimes Never

What do you consider the student's strong points?

What do you consider the student's weak points?

Please check the office procedures the student has had the opportunity to participate in or observe:

- | | | |
|--|--|---|
| <input type="checkbox"/> Office Management | <input type="checkbox"/> Design Development | <input type="checkbox"/> Design Library Coordination |
| <input type="checkbox"/> Client Relations/Meetings | <input type="checkbox"/> Coordination of Consultants | <input type="checkbox"/> General Marketing |
| <input type="checkbox"/> Proposal Writing | <input type="checkbox"/> Working Drawings | <input type="checkbox"/> Digital Marketing |
| <input type="checkbox"/> Design Contracts | <input type="checkbox"/> Specifications | <input type="checkbox"/> Furniture Installation |
| <input type="checkbox"/> Drafting/ CAD | <input type="checkbox"/> Construction Bidding | <input type="checkbox"/> Material & Technical Library Resources |
| <input type="checkbox"/> Schematic Design | <input type="checkbox"/> Construction Administration | <input type="checkbox"/> Other _____ |

Would you consider participating in the Internship program next year? Yes No (If No, please state reason.)

Do you feel the student has been adequately prepared for entry-level employment in the profession? Yes No
(If No, Please explain.)

General Comments:

Supervisor's Signature: _____ Date: _____