COOPERATING EMPLOYER EVALUATION
University of Rhode Island
LAR 477: Landscape Architecture Internship

Note to Student: This report is to be completed and signed by the cooperating employer

Note to Employer: Please take a moment to answer the following questions regarding the internship performance of the URI Landscape Architecture student named below.

Student Intern Name____________________________________________________________________

Faculty Advisor (name to be provided by student) ______________________________________________

Internship Cooperator/Firm___________________________________

Supervisor Name___________________________________________________________________

Address_________________________________________________________ Phone_______________________________

Email_________________________________________ Indicate the number of weeks during which the student worked 35 hours or more during the internship 
(note: June – August = 12 weeks)

Indicate an average number of hours per week for which the student was employed by your company during this internship

Please comment on the student’s performance, skills learned, student’s strengths and weaknesses, and their value to your office or business. Continue onto additional pages if more space is needed. Thank you for your assistance and for hiring our student.

Supervisor Signature______________________________________________ Date__________________

Please mail, email or fax forms to the URI Landscape Architecture Department, Rodman Hall, 94 West Alumni Avenue, Kingston, RI 02881 (Email: aes@uri.edu).