EMPLOYER EVALUATION FORM (EEF)

Student must have employers complete the following form in order to gain credit for professional internship. Employers should submit this form to the Department of Landscape Architecture via mail or email.

Department of Landscape Architecture
Texas Tech University
Plant Soil Science Rm 150
2907 15th St., Lubbock TX 79409
806.834.2858
larc.admin@ttu.edu

Participant Information
Name of Student: _______________________________________________________
Employer Firm: _______________________________________________________
Employer Address: _____________________________________________________
Employer Phone: _______________________________________________________

Employment Information:
Starting Date: _____________________ Ending Date: _____________________
Please check one: _____ Full Time _____ Part time _____ Hrs./Week
Supervisor: ___________________________________________________________
Licensed Practitioner and Type of Licensure: _______________________________

Description of Intern Duties:
________________________________________________________
________________________________________________________

Intern Evaluation:
Please evaluate the student intern strengths and weaknesses related to work duties. Additional comments may be made on the back of this sheet.

________________________________________________________
______________________  ______________________
Employer Signature       Date