Architecture Internship Progress Assessment Form

Intern Name							
Supervisor Name							
Organization/Company							
Internship Period							
Project(s) Involved							
Assessment Criteria							
Criteria	Evaluation	Comments					
Technical Skills							
Design Abilities							
Communication							
Teamwork	•						
Professionalism	•						
Strengths Observed							
Areas for Improvement							

General Comments / Summary

Supervisor Signature			
Date			