DALHOUSIE
University

Employer Evaluation
of Planning Student

Dates of Employment: Start_____ Finish_____
dd/mm/yy dd/mm/yy

Total # of weeks worked: _____ Total # of hours worked: _____

Name of Student: _____

Co-operating Employer:

_____

_____

_____

TO THE EMPLOYER OF THE PLANNING STUDENT:

Please have this form completed by the individual in the best position to evaluate the student's work experience and return this form to:

Paula Costello
Director of Career & Community Services
Faculty of Architecture and Planning
PO Box 1000
Halifax, NS B3J 2X4
Fax: 902-423-6672

Your evaluation is essential to the student's professional development process and will allow the student to better understand his/her work term. Your observations will also enable us to further counsel this student. It would be helpful if the evaluation has been discussed with the student.

Since our counseling interviews occur at the beginning of the University term, we request that you send this evaluation to us as soon as possible after the student has completed his/her employment.

Brief Description of duties given to the student:

Please indicate if the student was exposed to any of the following:

Check	Types of experience	Comments on student's performance
O	Policy formulation	
O	Policy application	
O	Policy analysis	
O	Research - literature review	
O	Research - data collection	
O	Research - other	
O	GIS applications	
O	Graphics - mapping	
O	Graphics - other	
O	Economic analysis	
O	Data analysis	
O	Urban design	
O	Environmental design	
O	Development control	
O	Logistics	
O	Event planning	
O	Public consultation	
O	Report writing	
O	Writing - other	
O	Project management	
O	Other:	
O	Other:	

Overall comments for the student:

Evaluated by: _____ Date: _____

Name and Title