DALHOUSIE University

Employer Evaluation of Planning Student

Dates of employment: Start	dd/mm/yy	Finish	dd/mm/yy
Total # of weeks worked:		Total # of hours worke	d:
Name of student:			
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, then return this form to:

Joanne Firth
Director, Career Services
Faculty of Architecture and Planning
PO Box 15000, 5410 Spring Garden Road
Halifax, NS B3H 4R2

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 in Check	dicate if the student was exposed to any of Types of experience	of the following: Comments on student's performance
0	Policy formulation	
0	Policy application	
0	Policy analysis	
0	Research - literature review	
0	Research - data collection	
0	Research - other	
0	GIS applications	
0	Graphics - mapping	
0	Graphics - other	
0	Economic analysis	
0	Data analysis	
0	Urban design	
0	Environmental design	
0	Development control	
0	Logistics	
0	Event planning	
0	Public consultation	
0	Report writing	
0	Writing - other	
0	Project management	
0	Other:	
0	Other:	
Overall o	comments about the student:	
Evaluate	d by:Name and Title	Date: