



NWTAA
NORTHWEST TERRITORIES ASSOCIATION OF
ARCHITECTS

Comments & Declaration by Mentor

NAME OF INTERN ARCHITECT: _____

FOR EXPERIENCE PERIOD FROM _____ TO _____
YEAR / MONTH / DAY YEAR / MONTH / DAY

COMMENTS & RECOMMENDATIONS

Please comment on the following, using extra paper where needed:

1. The level of responsibility and involvement requested of the Intern, and relative level taken and performed by the Intern.
2. The overall attitude, philosophy, and professional goals of the Intern as you perceive them:.
3. Your recommendations for the next six (6) months of experience.
4. The extent to which the intern has been exposed to the activities as outlined for each of the categories in which experience has been obtained.

DECLARATION

I declare that

- a) I have met with the Intern in accordance with IAP Guidelines;
- b) I have reviewed the work experience submitted by the Intern for this period; and
- c) the comments in the preceding questions are accurate.

NAME [please print]

SIGNATURE

DATE