

PRACTICUM IN URBAN ARCHITECTURE

BACHELOR OF URBAN PLANNING PROGRAM IN URBAN ARCHITECTURE, FACULTY OF ARCHITECTURE, CHULALONGKORN UNIVERSITY

ฟอร์มเอกสาร ก: TOTAL TIME RECORD OF TRAINING

TRAINEE'S NAME.....

ORGANISATION.....

DAY	D / M / Y	NAME / SURNAME	SIGNATURE	TIME IN	TIME OUT	CHECKED BY	REMARKS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

NOTES : A TRAINEE MUST SPEND AT LEAST 200 HOURS FOR EACH TRAINING PERIOD (OR 8 HOURS / DAY FOR 25 DAYS)

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ฟอร์มเอกสาร ข: DAILY TIME RECORD OF TRAINING

TRAINEE'S NAME.....

ORGANISATION.....

WEEK NO. FROM DATE: TO DATE:

WEEKLY ASSIGNMENT:

DAY

DAY

DAY

DAY

DAY

WEEKLY ACHIEVEMENT:

DAY

DAY

DAY

DAY

DAY

PROBLEM(S) ENCOUNTERED:

DAY

DAY

DAY

DAY

DAY

SOLUTION(S) PROPOSED:

DAY

DAY

DAY

DAY

DAY

TRAINEE.....

MENTOR.....

POSITION

DATE.....

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ฟอร์มเอกสาร จ: TRAINEE'S EVALUATION FORM (BY MENTOR)

TRAINEE'S NAME..... ID.NO.....

MENTOR'S NAME..... POSITION.....

ORGANISATION.....

ADDRESS.....

I hereby verify to be a mentor of this person who has reported to pursue the professional training in urban architecture at this organization since (DATE)..... until (DATE)..... for the total training period ofhours.

Here are my detailed evaluation;

1. EVALUATION ON SELF PERFORMANCES

ITEM	PERFORMANCES	EXCELLENT	GOOD	FAIR	POOR
1	ACHIEVEMENT ON ASSIGNMENT(S)				
2	RESPONSIBILITIES				
3	BASIC KNOWLEDGE AND SKILLS				
4	WELLROUNDEDNESS				
5	CREATIVITY				
6	ACTIVENESS				
7	THOUGHTFUL DECISION AND PROBLEM SOLVING				
8	ENDEAVOR				
9	PARTICIPATION AND COORDINATION				
10	ABILITY TO FOCUS				
11	SELF EXPRESSION				
12	OPENMINDEDNESS				
13	COMPLIANCE TO ORDERS				
14	PUNCTUALITY				
15	APPROPRIATED DRESSING				
16	TEAMWORK ETHICS				
17	LOYALTY				
18	FRIENDLINESS				
19	EMOTIONAL MANAGEMENT				

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2. EVALUATION ON WORKING PERFORMANCES

ITEM	PERFORMANCES	EXCELLENT	GOOD	FAIR	POOR
1	RESEARCH WORK				
2	FIELDWORK				
3	SITE PLAN DESIGN				
4	DETAILED DESIGN				
5	DRAWING				
6	SITE VISIT AND INSPECTION				
7	MEETING				
8	COST ESTIMATION				
9	COORDINATION				
10	OTHERS (PLEASE SPECIFY)				
11					

REMARK: CHECK ONLY IF APPLICABLE

3. ADDITIONAL COMMENT AND RECOMMENDATION ON TRAINEE'S WORK(S)

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4. ADDITIONAL COMMENT AND RECOMMENDATION ON IMPROVING THE COURSE IN RELATION TO PROFESSIONAL PRACTICE

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5. ADDITIONAL COMMENT AND RECOMMENDATION ON THIS TRAINING PROGRAM

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6. DO YOU THINK THIS TRAINEE HAS PASSED THIS TRAINING COURSE? (PLEASE CHECK ✓)

GOOD PASS

FAIR PASS

LOW PASS

FAIL

OTHER COMMENTS / RECOMMENDATIONS (IF ANY):

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.....

.....
(.....)

MENTOR

POSITION.....

DATE.....

REMARK: AS YOU HAVE COMPLETED THIS FORM, PLEASE SEND IT IN A SEALED ENVELOPE TO;

ASSISTANT PROFESSOR DR.NOPANANT TAPANANONT
DEPARTMENT OF URBAN AND REGIONAL PLANNING
FACULTY OF ARCHITECTURE
CHULALONGKORN UNIVERSITY
PHYATHAI, BANGKOK 10330
THAILAND

* IF YOU HAVE ANY INQUIRY, PLEASE CALL (66)02 2184441 OR FAX (66) 02 2184440