FORM #1: WEEKLY INTERNSHIP REPORT

Name _________________________________ Date Submitted __________________

Place of Internship______________________________________________________

Number of Hours Per Week _____________________________________________

Supervisor ________________________________ Telephone __________________

This form is to be submitted each week by the student.

1. Objectives: What were you trying to do in this period (be specific)?

2. How did you attempt to accomplish the above objectives?


4. What happened with regard to your assignment in item #3? Relate what happened with your objectives in item #1.

5. What, if anything, would you like to change with regard to your objectives, goals, strategies, or techniques?

6. What recommendations would you make regarding your experience during the week?

7. Any other comments or observations?