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?

3. What happened? How did you actually spend your time? With who? What did you do? Were you assigned any jobs?

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?