

Student Name		Agency		Credit Hours	
		Phone:		Term:	

Complete the weekly log and have site supervisor initial it each week.

	Date Range	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Site Supervisor's Initials
Week 1									
	Tasks Performed:								
Week 2									
	Tasks Performed:								
Week 3									
	Tasks Performed:								
Week 4									
	Tasks Performed:								
Week 5									
	Tasks Performed:								
Week 6									
	Tasks Performed:								
Week 7									
	Tasks Performed:								
Week 8									
	Tasks Performed:								
Week 9									
	Tasks Performed:								
Week 10									
	Tasks Performed:								
Week 11									
	Tasks Performed:								
Week 12									
	Tasks Performed:								
Week 13									
	Tasks Performed:								
Week 14									
	Tasks Performed:								
Week 15									
	Tasks Performed:								

At the completion of the internship please fill out the following:

Print Name of Site Supervisor

Title

Signature of Site Supervisor

Date

I certify that the above logged hours are true and accurate.

Student/Intern Signature

Date