

WEEKLY INTERNSHIP REPORT
FOR WEEK ENDING

STUDENT'S NAME:

SUPERVISOR'S NAME:

ORGANIZATION:

HOURS WORKED:

MONDAY
TUESDAY
WEDNESDAY

THURSDAY
FRIDAY

SATURDAY
SUNDAY

Summarize your thoughts regarding your internship this week. Include duties you have performed, facts and procedures you have learned, skills you have mastered, and observations you have made.

Professional Supervisor's Signature _____

Student's Signature _____

Date: