

# Practicum/Internship Record Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Intern site: \_\_\_\_\_

Site location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor title: \_\_\_\_\_

Phone: \_\_\_\_\_

**Description of practicum/internship setting:**

**Student's schedule:**

Day Hours

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Notes about student's schedule:

**Goals and Learning Activities**

In the space below, please list your learning goals for the practicum/internship and the activities you and your supervisor agree upon to help you achieve those goals. Leave space under "evaluation" to record an evaluation at the end of the internship.

Learning Goals	Learning Activity	Evaluation
1.		
2.		
3.		
4.		
5.		

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_