



INTERNSHIP DAILY WORK REPORT

STUDENT NAME: _____ HOURS TWO THD: _____

REPORT FOR THE WEEK OF: ____/____/____ THROUGH ____/____/____

INSTRUCTOR'S PRINTED NAME: _____ PROGRAM: _____

EACH WORK DAY MUST HAVE AT LEAST FIVE COMPLETE SENTENCES INCLUDING; TYPE OF WORK, MATERIALS USED, TOOLS USED, AND ANY NEW LEARNING EXPERIENCES ON THE JOB.

TUESDAY HOURS WORKED
_____ TO _____

WEDNESDAY HOURS WORKED
_____ TO _____

THURSDAY HOURS WORKED
_____ TO _____

SUPERVISORS SIGNATURE: _____ DATE: _____

INSTRUCTORS SIGNATURE: _____ DATE: _____ WEEKLY GRADE: _____