



Name: _____

Date: _____

Number of Internship Hours Completed: _____

Number of Internship Days Completed: _____

Internship Involvement: *(check all that apply)*

Administrative Observation	<input type="checkbox"/>	Research	<input type="checkbox"/>
Material Organization/ Dissemination	<input type="checkbox"/>	Technology Use	<input type="checkbox"/>
Meeting Development	<input type="checkbox"/>	Program Analysis	<input type="checkbox"/>
Project Development	<input type="checkbox"/>	Student Outreach	<input type="checkbox"/>
Curriculum Development	<input type="checkbox"/>	Community Relations	<input type="checkbox"/>
Budget Management	<input type="checkbox"/>	Writing	<input type="checkbox"/>
Collaborative Work	<input type="checkbox"/>	Independent Work	<input type="checkbox"/>
Other: <i>(please describe)</i>	<input type="checkbox"/>		

Summary of Weekly Assignments:

Greatest Takeaway from Current Week's Responsibilities:

Goal/ Objective for Next Week:

Skill Assessment: *(please check 1-2 skills applied this week and explain reasoning below)*

	Academic/ Career Advisement Skills		Assessment Skills		Communication Skills		Critical Thinking Skills
	Interpersonal Skills		Judgment		Leadership Skills		Multicultural Competence
	Organizational Skills		Problem-Solving Skills		Supervision Skills		Teamwork/ Collaborative Skills
