

INTERNSHIP TIME REPORT

Learner Name: _____

Internship Host: _____

Internship Supervisor: _____

Submit this form to the Internship Facilitator once you have documented all 30 required hours of your internship.

Initial Meeting				
Date	Arrival Time	Departure Time	Total Time	Supervisor's Initials
Internship Hours				
Date	Arrival Time	Departure Time	Total Time	Supervisor's Initials
		Total		

ATTENDANCE

Never absent except for an unavoidable emergency

Not regular enough in attendance

Dependable

Too frequently absent

Comments: _____

SIGNATURES

Internship Supervisor's Signature: _____

Learner Signature: _____ Date: _____