

Intern Weekly Report/ Hours Documentation

Use for all internships

INTERN: _____ INTERNSHIP SITE: _____

SCHOOL YEAR: _____ SEMESTER # _____ PERIOD(S): _____

MENTOR'S SIGNATURE: _____ MENTOR'S PHONE/EXTENSION: _____

Mentors: Check here if you need the school internship coordinator to contact you: _____

<i>Day</i>	<i>Date</i> <small>(Ex: 8/25)</small>	<i>Arrival Time</i> <small>(Ex: 8:40)</small>	<i>Departure Time</i> <small>(Ex: 10:30)</small>	<i>Total Time</i> <small>(Ex: 1 hr, 50 min)</small>	<i>Summary of activities, jobs performed, or observations</i> <small>from this day (Be specific. Mentor may initial if needed.)</small>
Mon.					
Tues.					
Wed.					
Thurs.					
Fri.					

Total Hours for
the Week →

Interns: Check here if the CDC needs to read notes on the reverse side of this report. _____