

**Weekly Progress Report**

Name of Intern: \_\_\_\_\_

Internship Site: \_\_\_\_\_

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

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours
Date								
Hours Worked								

Student's Knowledge Acquired

Supervisor's Comments/Recommendations

Supervisor's Signature: \_\_\_\_\_

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

Intern Signature: \_\_\_\_\_

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

Instructor's Signature: \_\_\_\_\_

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