FIELD EXPERIENCE WEEKLY REPORT

Name:
Week:
Faculty Supervisor:

I. Please indicate the times you worked:
   Date    Day    Time        Hours

   Total Hours for Week:        Hours
   Total Hours for internship:   Hours

II. Field Experience Location:

III. Evaluation of Week’s Experiences:
   A. A concise description of what you did each day:
   B. New experiences:
   C. Skills and knowledge used:
   D. Skills and knowledge areas in which you felt deficient:
   E. Comments concerning your feelings and experiences:
   F. Plans for improving your performance:
   G. Situations you observed during the week that were interesting and/or beneficial to your pre-professional development:

THIS LOG MUST BE COMPLETED EACH WEEK OF YOUR INTERNSHIP. THE LOG SHOULD BE DETAILED AND INCLUDE A SBJ CITATION THAT RELATES TO YOUR RESPONSIBILITIES FOR THE WEEK.