FIELD EXPERIENCE WEEKLY REPORT

Name: 

Week: 

Faculty Supervisor: 

I. Please indicate the times you worked:

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Time</th>
<th>Hours</th>
</tr>
</thead>
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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.