

Bi-Weekly Progress Report

Name of Intern: _____

Internship Site: _____

Date: _____ to _____

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

Student's Knowledge Acquired

Supervisor's Comments/Recommendations

Supervisor's Signature: _____ **Date:** _____

Intern Signature: _____ **Date:** _____

Instructor's Signature: _____ **Date:** _____