![lyndonstatecollegelogo[1]]()

Lyndon State College Internship Program

Bi-Weekly Report

Instructions: To be completed by the student every two weeks and discussed with the site supervisor. Return this completed form to your faculty supervisor. Be clear and concise.

Student Name**:** Click here to enter text.Report Number**:** Click here to enter text.of **Click here to enter text.**

Dates Covered**: Click here to enter a date.** through **Click here to enter a date.**

1. *Past two weeks’ assignments and responsibilities:* Click here to enter text.
2. *Supervisory conference (discuss topics, field trips, directed reading, meetings, etc.):* Click here to enter text.
3. *Objectives and plans for the next two weeks*: Click here to enter text.
4. *Referring to your learning objectives, analyze your successes and/or problems relating to those objectives. What have you learned about yourself, your strengths, weaknesses, goals, etc.? What observations have you made concerning your profession, the “world of work,” etc.? Be insightful and give specific examples to demonstrate your points.* Click here to enter text.
5. *Site Supervisor’s comments and constructive criticism (this is mandatory):* Click here to enter text.
6. *Hours worked week 1:* Click here to enter text. *Hours worked week 2:Click here to enter text.* *Total hours worked for the past two weeks:* Click here to enter text. *Total hours worked to date:* Click here to enter text.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_