

STUDENT TIME SHEET & SKILLS GRID

Student's Name _____ School _____

Internship site _____ Career Choice _____

Supervisor instructions: We expect our students to be actively participating in any appropriate way you see. Please go over the students record of time spent participating in the internship and sign the form below. Thanks for all you do!

Student Intern, please upload this completed form to the website sevierinternships.org

Monthly reporting form

(Turned in on the 1st of each month to sevierinternships.org)

Date	Hours	Date	Hours	Specific Job Skills: List the new skills and duties you obtained during this internship period. Be specific
10/19/17	1	10/20/17	1	Example: Observed x-ray exam procedure and coordinated insurance with secondary provider

TOTAL HOURS AT INTERN SITE THIS MONTH _____

SIGNATURE OF SUPERVISOR _____ DATE _____