Department of Community and Therapeutic Recreation

Report Calendar for Practicum or Internship

THIS CALENDAR MUST BE COMPLETED IN CONJUCTION WITH YOUR UNIVERSITY SUPERVISIOR

Directions: All reports are to be completed by the student, in conjunction with the University supervisor, no later than the dates listed below. ***For graduating seniors, all reports must be turned in by the last day of classes for that semester in order to be assured of being cleared for graduation***.

Student Name _____Univ ID#_____

Spring/Summer _____Year Practicum/Internship Concentration _____
(circle one) (circle one)

Start Date _____ End Date _____ Hours /Week _____

Description	Due Date
Mid-Term Report (After 60 hours if 3-hour practicum, 120 hours if 6-hour practicum, and after 240 hours for internship)	
Agency's Mid-Term Evaluation of Student	
Final Student Report	
Agency's Final Evaluation of Student	
Final Student Evaluation of Agency	

_____ _____
Student Signature Academic Advisor or University Supervisor

*****NOTE: No Internship hours will be counted until student has registered and paid for practicum/internship, liability insurance has been paid, and all forms have been submitted to the Internship Coordinator and Agency Supervisor.**

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