

BI-WEEKLY INTERNSHIP REPORTS
ARKANSAS STATE UNIVERSITY
(To be completed by the student every other week)

Name _____ Faculty Supervisor _____

Month _____ Week _____ of _____

Normal Working Hours _____ Number of Hours Worked this Week _____

If your address, phone number, immediate supervisor, or work location has changed since your last report, please include it on the back.

1. List your job duties for the past week. Put a * by the ones which you have not done before. Put an X by those not in your internship agreement.

2. Are you experiencing a relevant and challenging use of your abilities? Explain in terms of training received, responsibilities given, and your professional growth.

3. Briefly describe any incident(s) which left you with a favorable or unfavorable impression with regard to your job:

Favorable:

Unfavorable:

4. What have you learned this week about the firm or agency for which you work that you didn't know last week?

5. What additional perceptions have you gained regarding your job (i.e. its importance to the employer, its scope, its relationship to other operations, the results of your work, etc.)?

6. How do you feel your experience to date has helped you to gain a better understanding of your area of interest?

7. Are you satisfied with the communication and contact, which you have with your on-the-job supervisor?

8. Describe the progress to date on your special project.

9. Is there anyway in which your faculty supervisor can be of additional help to you?

***This form must be completed and returned to your faculty supervisor seven days after completion of the second week.**

**THE COLLEGE OF AGRICULTURE INTERNSHIP PROGRAM
Arkansas State University
P.O. Box 1080
State University, Arkansas 72467
870-972-2087
FAX: 870-972-3885**