**WEEKLY JOURNAL OF ACTIVITIES**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Number of hours worked: \_\_\_\_

1. List the activities participated during this week:

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2. Identify and describe special learning experiences:

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3. Identify specific links to your academic instruction.

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4. What questions or concerns have emerged? How did you solve or are planning to solve them?

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**You need to email or fax this form to your internship coordinator.**