

Student Internship Learning Objectives Form

Student Name

Student ID

Major / Program

Internship Site

Site Supervisor

Term & Year

Brief Internship Description

Learning Objectives

Objective	Strategies/Tasks	Assessment/Measurement
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Comments

Student Signature Date:

Site Supervisor Signature Date:

Faculty Advisor Signature Date: