

Bi-Weekly Assessments

This section should be completed by the Intern and the Supervisor during scheduled meetings every two weeks throughout the internship. The assessment should include a brief summary of the past weeks' experiences, any new plans for the weeks ahead, and the number of hours worked during the previous weeks.

End of Week Two: Date: _____ Hours Worked: _____

Comments: _____

Initials of intern: _____ Initials of supervisor: _____

End of Week Four: Date _____ Hours Worked: _____

Comments: _____

Initials of intern: _____ Initials of supervisor: _____

End of Week Six: Date _____ Hours Worked: _____

Comments: _____

Initials of intern: _____ Initials of supervisor: _____

End of Week Eight: Date _____ Hours Worked: _____

Comments: _____

Initials of intern: _____ Initials of supervisor: _____

End of Week Ten: Date _____ Hours Worked: _____

Comments: _____

Initials of intern: _____

Initials of supervisor: _____

End of Week Twelve: Date _____

Hours Worked: _____

Comments: _____

Initials of intern: _____

Initials of supervisor: _____

End of Week Fourteen: Date _____

Hours Worked: _____

Comments: _____

Initials of intern: _____

Initials of supervisor: _____

End of Week Sixteen: Date _____

Hours Worked: _____

Comments: _____

Initials of intern: _____

Initials of supervisor: _____

Return the completed form to your intern or to the Internship Director via email or mail to:

Internship Director
Communication Studies, College of Human Services
mail code 3251, PO Box 37100
Phoenix, AZ 85069-7100