

Semester of enrollment: _____ Today's Date _____

Semester Hours Requested: _____	Contact Hours _____
Agency Name: _____	
Agency Mentor Name: _____	Agency Mentor Signature: _____
Weekly Schedule (Days/Hours) _____	_____
Goals for graduate internship:	Goal #1 _____
Goal #2 _____	Goal #3 _____
Goal #4 _____	Goal #5 _____

Midterm Evaluation: What progress has the student made on his/her goals? (Please check one response for each goal.)

Goal #	Good progress	Adequate progress	No progress
Goal #1 _____	_____	_____	_____
Comment:			
Goal #2 _____	_____	_____	_____
Comment:			
Goal #3 _____	_____	_____	_____
Comment:			
Goal #4 _____	_____	_____	_____
Comment:			
Goal #5 _____	_____	_____	_____
Comment:			

Final Evaluation: Has the student achieved his/her goals? (Please check one response for each goal.)

Goal #	Achieved	Not Achieved	
Goal #1 _____	_____	_____	
Comment:			
Goal #2 _____	_____	_____	
Comment:			
Goal #3 _____	_____	_____	
Comment:			
Goal #4 _____	_____	_____	
Comment:			
Goal #5 _____	_____	_____	
Comment:			

Comments of University Supervisor:

Telephone/email contacts:

Date

Comment (or attach email "hard copy")