

INTEGRATED BACHELOR'S/MASTER'S TEACHER EDUCATION PROGRAM

FIFTH-YEAR INTERNSHIP HOUR LOG

Name of Intern: \_\_\_\_\_ Internship # \_\_\_\_\_

Semester:  Fall  Spring

Internship Supervisor: \_\_\_\_\_

Internship Site: \_\_\_\_\_

UCONN 381 Seminar Leader: \_\_\_\_\_

Average number of hours in Internship per week: \_\_\_\_\_

Average number of hours on Inquiry Project per week: \_\_\_\_\_

Average number of hours in engaged in school service per week: \_\_\_\_\_

Comments:

Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Intern:** Please complete and return this form to your seminar leader.

**To the Seminar Leader:** After grading, please return this form to the Office of Clinical and Field Experiences, Room 122B.