Miami-Dade County Public Schools Academic Year Internship Program		Please Check One:
		Quarter 1 Due
Internship Log	Sheet	Quarter 2 Due
		Quarter 3 Due
		□ Quarter 4 Due
Student's Name:	ID#	# of Credits (1 or 2):

Internship Provider's Name:______Internship Location:______

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Instructions: Duplicate this form as needed. Each student should maintain a record of his/her daily attendance and activities. Student is to submit log sheet to school internship coordinator each nine weeks by the due date.

Date	Time In	Time Out	Brief Description of Day's Activity	# of Hours	Internship Provider's Initials

Student's Signature: Internship Provider's

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_____Signature: _____

School Name: