

STUDENT INTERNSHIP TIME CARD & SKILLS REPORT

STUDENT NAME: _____ SCHOOL: _____

WORKSITE: _____ CAREER: _____

Directions: Complete form with your worksite mentor and upload time card washk12internships.org
Due dates: 15th of each month

Table with 5 columns: Date, Hours, Date, Hours, Specific Job Skills. Includes an example row for 11/19/20 with 1.5 hours and a description of an x-ray exam procedure.

Total Hours _____

Mentor Signature _____ Student Signature _____