

Student Internship Goals and Objectives

Directions: Please complete this form **with** your supervisor during Week 1 of your internship experience.

Intern's Name: _____ **Deadline:** Friday of Week #1

Supervisors Name: _____

Goals for Internship	Action Items to Achieve Goals	Projected Deadlines
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

