



EXTERNSHIP WEEKLY TIME SHEET AND ACTIVITY FORM

Student Name: _____

Semester/Term/Year: ☐ Fall 200__ ☐ Spring 200__ ☐ Summer 200__

Sponsoring Agency: _____

Supervising Attorney: _____

WEEKLY TIME RECORD

Dates: From _____ to _____ Total Hours this Week: _____ Hours to Date: _____

Date	Total Hours	Activities Performed

Educational Goals met this week

FIELD PLACEMENT SUPERVISOR (Signature)