Report #_____

Ohio State ATI Internship Activity Report

(To Be Completed by the Student)

The Ohio State University Agricultural Technical Institute, 1328 Dover Road, Wooster, Ohio 44691
Phone: (330) 264-3911, Fax: (330) 287-1333, http://www.ati.osu.edu/

Student Information

Student Name_____ Technology/Program_____

Supervisor_____ Phone_____ e-mail_____

Reporting Period from _____ to _____

Activity Record

Breakdown of Activities	Approximate Hours	Skills Learned/Used	Proficiency Level (good, average, poor)

Total Hours Worked_____

Absences

Time Absent from Duty: Days_____ Hours_____

Reason for Absence(s)_____

Signatures

Submitted By_____ Date_____
Intern Signature

Verified By_____ Date_____
Supervisor Signature

Make copies of this form for your records and your supervisor. Original should be sent to your Internship Instructor.

Revised January 23, 2006