

EASTERN KENTUCKY UNIVERSITY
Department of Recreation and Park Administration

REC 463 - Senior Practicum

WEEKLY REPORT
(Typed or Word Processed)

NAME OF STUDENT: _____

AGENCY: _____

DATE: Week of _____ **to** _____

Report #: _____

INSTRUCTIONS: Complete this report for each week you are involved in your Senior Practicum. Present your work assignments and accomplishments. Discuss any special problems or concerns that you feel are appropriate. Present strengths and weaknesses as they relate to the week's activities. When completed, the weekly report must be signed by you and the agency supervisor.

MONDAY: (Hours=_____)

TUESDAY: (Hours=_____)

WEDNESDAY: (Hours=_____)

THURSDAY: (Hours=_____)

FRIDAY: (Hours=_____)

SATURDAY: (Hours=_____)

SUNDAY: (Hours=_____)

Student Signature and Date

Agency Supervisor and Date

NOTE: Send to (Name of Faculty Internship Supervisor),
Department of Recreation and Park Administration, 401 Begley 521 Lancaster Ave.,
Eastern Kentucky University, Richmond, KY 40475
or fax with cover letter to Faculty Internship Supervisor: 859-622-2971

