

INTERNSHIP VERIFICATION FORM

(submit to Mrs. Shanley each week for credit)

Student _____ Date _____

Arrival Time _____ Departure Time _____

Place of Service _____

Type of Tasks Today _____

** Comments from Supervisor _____

** Signature of Supervisor _____

CHOICE Program / JDHS / www.jdhschoice.com
Lara Dzinich, Co-Advisor, 523-1530 / Scott Grant, Co-Advisor, 523-1564

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