

SCED 516: Macro Internship End of Semester Checklist

Student Name: _____ **ID #:** _____

Instructor Name: _____

Semester (*please check one*): ☐ **Fall Term** ☐ **Spring Term**

- ☐ Intern Evaluation Form Macro SCED 516 for L&C Supervisor and Intern
- ☐ Semester Internship Hours Summary Form
- ☐ Direct Hours Form
- ☐ Other Hours Form
- ☐ Supervision Hours Form
- ☐ Intern Evaluation Form Macro SCED 516 for School Mentor and Intern
- ☐ Site Visits Date Form
- ☐ Final Internship Hours Summary Form (**Spring Term Only**, *place with other hour logs*)
- ☐ Internship Site Evaluation by Intern (**Spring Term Only**)