FORM 5
IDT 620 Internship Biweekly Activity Log
Instructional Design and Technology Program
Western Illinois University

Intern’s Name:
Internship Location:
Two-week Period Beginning/Ending:

**Assigned duties during this period:**

**Goals and objectives progress:**

**Other learning activities during this period:**

**Self appraisal of performance:**

**General comments regarding the internship experience:**

Intern’s Signature: _______________________________
Faculty Advisor’s Signature: __________________________