

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: _____