

**Community Health Program  
Health, Physical Education, Recreation and Sport Science  
St. Cloud State University**

**INTERNSHIP ORIENTATION REPORT FORM**

(DUE THE 1ST WEEK OF INTERNSHIP)

Date \_\_\_\_\_

Name of Student \_\_\_\_\_ Local Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Residence During Internship \_\_\_\_\_

Internship Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency Supervisor \_\_\_\_\_

Internship Schedule (Complete as possible- Due end of 1<sup>st</sup> week of internship)

Specific Internship Objectives.

Specific Internship Goals: