

**EASTERN ILLINOIS UNIVERSITY  
SCHOOL OF TECHNOLOGY**

**WEEKLY JOURNAL OF ACTIVITIES**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Number of hours worked: \_\_\_\_\_

1. List the activities participated during this week:

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2. Identify and describe special learning experiences:

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3. Identify specific links to your academic instruction.

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4. What questions or concerns have emerged? How did you solve or are planning to solve them?

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**You need to email, fax, or mail this form to your internship coordinator  
at the School of Technology.**