

INTERNSHIP VERIFICATION FORM

(submit to Mrs. Shanley each week for credit)

Student _____ Date _____

Arrival Time _____ Departure Time _____

Place of Service _____

Type of Tasks Today _____

** Comments from Supervisor _____

** Signature of Supervisor _____

CHOICE Program / JDHS / Lara Dzinich, CHOICE Advisor / 523-1530 / www.jdhschoice.com

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