CJ 400 Intern Observation Time Sheet*

STUDENT: _____   AGENCY: _____

Date*	Start/End Time	Activities Performed/Observed	Supervisor Name	Daily Eval'n. (E, A, U)**	Daily Supervisor Initials
	TOTAL HOURS REPRESENTED ON THIS PAGE:				

*Use as many lines as necessary for each day.   **Daily Evaluation Codes: E: Excellent, A: Acceptable, U: Unacceptable (add explanation)