

**STATUS REPORT FOR INTERNSHIP OBJECTIVES**  
(to be completed by the Intern prior to each triad meeting)

Intern's Name: \_\_\_\_\_

School: \_\_\_\_\_

Mentor: \_\_\_\_\_

District: \_\_\_\_\_

Field Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

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Objective:

Activities:

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Date: \_\_\_\_\_

Progress Achieved:

Problems Encountered: