# 2019 INTERN EXPERIENCE REPORT

Intern Name:

Farm:

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| Reporting Period (Select one by highlighting it) |
| **Start Date - May 11****05/20/19-06/02/19****06/03/19-06/16/19** | **06/17/2019-06/30/19** **07/01/19-07/14/19****07/15/19-07/28/19** | **07/29/19-08/11/19****08/12/19-08/25/19** | **08/26/19-09/08/19****09/09/19-09/22/19** |
| **Week** | **Summary of activities during the week** |
| Week 1:\_\_/ to \_\_/\_\_\_ |  |
| Week 2:\_\_/ to \_\_/\_\_\_ |  |
| Week 3:\_\_/ to \_\_/\_\_\_ |  |
| On which competencies have you made progress?  |  |
| What has challenged you?  |  |

Did you work an average of 25 hours per week during this period? Yes/No

Please email to hriddle@farrms.org & jliebert@farrms.org

Intern Signature Date: \_ Supervisor (farmer) Date: \_