

**YUBA COLLEGE EDUCATIONAL INTERNSHIP  
TIME CARD**

NAME \_\_\_\_\_ FACULTY MENTOR \_\_\_\_\_

\_\_\_\_\_  
MONTH/YEAR

SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL

TOTAL MONTHLY HOURS \_\_\_\_\_

\_\_\_\_\_  
Employer/Supervisor's Signature  
(for verification of hours)

\_\_\_\_\_  
Date

NOTE: Student must record daily work hours each month and have employer sign to verify.

**SELF-EVALUATION**

To be completed by Student Intern and reviewed by Faculty Mentor.

Student: Please comment as to your opinion of your progress to date. Note any areas where you feel you need additional supervision/instruction or mentor intervention/counseling.

\_\_\_\_\_  
Student Intern's Signature

\_\_\_\_\_  
Faculty Mentor's Signature, Date  
(documents review)

YUBA COLLEGE EDUCATIONAL INTERNSHIP  
OFFICE NUMBER 502A  
2088 NORTH BEALE ROAD  
MARYSVILLE, CA 95901  
(530) 741-6849 or (530) 741-6763