

<p align="center">Daily Time Sheet De La Salle Corporate Internship Program</p>	
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Students - Please write legibly the first and last names below. It is your responsibility to give this sheet to your driver when you are picked up (or fax it to 503-296-2366 if you are not picked up.)

Name of Student: _____

Company Name: _____ Supervisor Name: _____

Date	Start Time	Lunch Out	Lunch In	End Time	Student Initials

Supervisor – please sign and rate the student’s performance for today.

1	2	3	4	5
Unsatisfactory				Outstanding

Supervisor Signature _____

SPONSOR COMMENTS

List any concerns, comments or suggestions you might have about the student(s) or CIP Program:

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