

**HS-2 – Initial Report**

**Instructions:** To be completed by the intern and returned to the Field Placement Specialist within one week of reporting to the placement agency.

Intern: Date:

Placement Agency:

**Intern Contact Information:**

Email: Phone: ( )

Address:

**Placement Agency Information:**

Address:

Supervisor’s Name and Title:

Supervisor’s Phone Number: ( )

Supervisor’s Email:

**Briefly describe the initial orientation provided by agency:**

**Briefly describe the tentative plan for the internship experience:**

**Specific responsibilities expected of the intern by the agency:**

Student’s Signature Supervisor’s Signature