

**EAST CAROLINA UNIVERSITY  
RECREATIONAL THERAPY INTERNSHIP**

**Weekly Verification Form**

**Student Name:**

**Agency:**

**Reporting for Week**  **#** **Dates:**  **to**

**Daily Hours**

Days (mo./date)	Hours	Total
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

Weekly Total

Internship Hours Total to Date

**I have read the student's weekly report and verify the accuracy of the above stated hours in the provision of TR/RT services for this reporting period.**

**Supervisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor's Name (Typed)**

**Intern Signature** \_\_\_\_\_ **Date** \_\_\_\_\_