**REGISTRATION OF VISIT TO INTERNSHIP HOSTING ENTITY**

Graduation/PHTC of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- school year:\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: | | Start time: | end time: | | |
| Teacher: | | | | | |
| student: | | | | | |
| host entity: | | | | | |
| Address: | | | | | |
| attending the meeting: |  | | | | |
|  |  | | | | |
|  |  | | | | |
| DISCUSSED / TREATED MATTERS: | | | | | |
| PENDING ACTIONS (IF APPLICABLE): | | | | | |
| ACTIONS | | | | RESPONSIBLE | DEADLINE |
|  | | | |  |  |
|  | | | |  |  |
|  | | | |  |  |
|  | | | |  |  |
|  | | | |  |  |
|  | | | |  |  |
| DATE OF NEXT VISIT (IF APPLICABLE): | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ESTG TEACHER | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  STUDENT | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HOST ENTITY | | |