**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 |