Cascade Pacific Council Outreach Internship Program
Progress Report Addendum

(NON-LEARNING FOR LIFE INTERNS)

Name: _____ Due Date: _____

DATE	PROJECT/TASK DESCRIPTION	TIME	COMPLETED/IN PROGRESS

DATE	PROJECT/TASK DESCRIPTION	TIME	COMPLETED/IN PROGRESS

Intern's Signature _____ Date _____ Internship Coordinator's Signature _____ Date _____