



**HPSS 4490 PRACTICUM GOALS STATEMENT**

*This form is to be completed by the student prior to the start of the practicum*

Student's Name: Enter Name Here		Bengal ID #: Enter Bengal ID # Here	
E-mail: Enter Email Address Here	Phone #: Enter Phone # Here	Faculty Advisor Enter Name of Advisor Here	

Practicum Name/Location: Enter Site Name Here		Practicum Mentor/Supervisor: Enter Supervisor's Name Here	
Practicum Mentor/Supervisor's Email: Enter Supervisor's Email Address Here		Practicum Mentor/Supervisor's Phone #: Enter Supervisor's Phone # Here	

**Please answer the following questions as they pertain to your professional goals and objectives related to your internship experience:**

**1. What are your career goals?**

Enter Response Here

**2. Why did you select this particular internship location and supervisor?**

Enter Response Here

**3. What do you identify as your biggest professional strengths?**

Enter Response Here

**4. What do you identify as your biggest professional weaknesses?**

Enter Response Here

**5. What specific skills or aspects of this internship are you most looking forward to?**

Enter Response Here