

## PRACTICUM LEARNING CONTRACT

The following is a suggested template for codifying and addressing student training needs and practicum program training agendas. This form should be used to help structure the training experiences for the student, as well as guide evaluation of student progress on identified goals. Completed forms should be turned in to seminar instructors in the first month of the semester.

(Sites are encouraged to attach additional pages in order to clarify the training experience.)

Student name: \_\_\_\_\_

Practicum site name: \_\_\_\_\_

Practicum supervisor name: \_\_\_\_\_

<b>Learning Goals</b> Goals as agreed upon by student and site. Goals should indicate what skills and competencies students will gain.	<b>Learning Activities</b> Specific activities in which students engage that help accomplish learning goals. Please provide estimated hours per week and when activities will take place over the course of the year.

Comments:

\_\_\_\_\_  
Practicum Student Signature      Date

\_\_\_\_\_  
Practicum Supervisor Signature      Date

\_\_\_\_\_  
Seminar Instructor Signature      Date

\_\_\_\_\_  
Director of Clinical Training Signature      Date