**Clinical Practice # ­­­­­­\_\_\_\_\_\_ Learning Contract for \_\_\_\_\_\_**Placement Facility Name: \_\_\_\_\_\_\_ Clinical Instructor Name/s: \_\_\_\_\_\_\_

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| OBJECTIVES | LEARNING RESOURCES  TECHNIQUES AND TOOLS | EVALUATION METHODOLOGY | CRITERIA FOR EVALUATION | MIDTERM MARK | FINAL MARK | FINAL COMMENTS |
| What do I want to learn? | How will I go about learning it? | A: What evaluation will be used?  B: Who will confirm the objective is complete? | What are the characteristics of my performance which will tell us that the objectives have been met? | **2** All criteria have been met successfully.  **1** Minor elements have not been demonstrated.  **0** Major elements were not demonstrated. | | |
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Student Signature (midterm): Student Signature (final):

CI Signature (midterm): \_\_\_\_\_\_ CI Signature (final): \_\_\_\_\_\_\_

Date (midterm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (final): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_