



Same Site, Second Semester Field Education Contract

Student Name:	Semester/Year:	
Phone: ()	Email:	
Placement Agency:	Phone: ()	
Address:		
Mentor Name:	Ministry:	
Phone:	Email:	
Dates of Placement: From / / to / /		
Day and time student is regularly on site:		
Regular student/mentor reflection sessions to be held:		
<p>LEARNING OUTCOME #1:</p> <p>Ministry tasks related to learning outcome:</p> <p>Evaluation Process:</p> <p>Evaluation Criteria:</p>		
<p>LEARNING OUTCOME #2:</p> <p>Ministry tasks related to learning outcome:</p> <p>Evaluation Process:</p> <p>Evaluation Criteria:</p>		
<p>SELF-CARE OUTCOME:</p> <p>Activities related to this objective:</p> <p>Person(s) who will assist you in achieving this self-care outcome:</p> <p>How will they assist you?</p>		
I agree to be accountable for all elements of this learning contract:		
Student's Signature: _____	Date: _____	
Mentor's Signature: _____	Date: _____	
Original to Field Education Director	Copy to Student	Copy to Mentor

