



Field Education Contract

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| 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: | |
| LEARNING OUTCOME #1: Ministry tasks related to learning outcome: Evaluation Process: Evaluation Criteria: | |
| LEARNING OUTCOME #2: Ministry tasks related to learning outcome: Evaluation Process: Evaluation Criteria: | |
| SELF-CARE OUTCOME: Activities related to this objective: Person(s) who will assist you in achieving this self-care outcome: How will they assist you?: | |



I bring these personal and ministerial strengths to this field education experience:

This field education experience will enable me to develop my ministerial identity by:

This field education experience can contribute to my future ministerial competence by:

I agree to be accountable for all elements of this learning contract:

Student's Signature: _____ Date: _____

Mentor's Signature: _____ Date: _____

Approval of Director of Field Education: _____ Date: _____

Original to Field Education Director

Copy to Student

Copy to Mentor