

## USA-Student Learning Contract Form

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Week of Fieldwork: \_\_\_\_\_

Fieldwork Supervisor's Name: \_\_\_\_\_ Academic Fieldwork Educator's Name: \_\_\_\_\_

Specified Targeted Behaviors	Long Term Goals	Short Term Goals	Indicate met or not met	Positive Feedback	Things that need improvement
1.			A. Met Not met Comments:  B. Met Not met Comments:		
2.			C. Met Not met Comments:  D. Met Not met Comments:		
3.					
4.					
5.					

Additional Comments:

Student Signature: \_\_\_\_\_ Fieldwork Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_