**University of Texas-Steve Hicks School of Social Work**

**Learning Contract**

Intern:      Date:

\*Rows can be added or deleted based on the number of selected goals. Cell size will automatically adjust to the text entry.

|  |  |  |  |
| --- | --- | --- | --- |
| My individualized learning **goals**/outcomes: | **Competencies** | My **objectives**/tasks to achieve each of the specified goals/outcomes: | As Field Instructor, I will support the intern’s learning through the following **strategies**: |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

Intern’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Field Instructor's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Faculty Liaison’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_