Negotiated Between **1**. …………………………………(Student) **2**.……………………………………………………(Facilitator)

Practice Location: ............................................................... Duration of Contract: From: ...................................... to: ................................

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| --- | --- | --- | --- | --- | --- | --- |
| Date | Learning Outcomes (SMART) | **Strategies and resources** | PredictedCompletion**Date / Weeks** | Evidence of Achievement - Halfway Assessment Progress | **Evidence of Achievement - Final Assessment Progress** | **Completion Date &****Clinical Educator****Signature** |
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| --- | --- | --- | --- | --- |
|  | **Date** | **Clinical Educator Signature** | **Student Signature** | **Comments** |
| Objective Setting |  |  |  |  |
| Objectives Review |  |  |  |  |
| Objectives Review |  |  |  |  |
| Objectives Review |  |  |  |  |
| Objectives Review |  |  |  |  |
| Objectives Final Review |  |  |  |  |