**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 be automatically altered to the text entry.

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

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

Practicum Instructor's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

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

Note: Student will complete columns 1, 2 and 3. Field Instructor completes column 4.