

## University of Tennessee Health Science Center - Learning Contract

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

Fieldwork Supervisor's Name: \_\_\_\_\_ AFWC's Name: \_\_\_\_\_

Specified Target Behavior	Long Term Goals	Short Term Goals	Indicate if Goals are Met or Not Met	Positive Feedback	Things that Need Improvement
1.			Met      Not Met Comments:		
2.			Met      Not Met Comments:		
3.			Met      Not Met Comments:		
4.			Met      Not Met Comments:		

Additional Comments:

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