## Placement learning Contract

Title page

|  |  |
| --- | --- |
| **Student name:** |  |
| **Practice placement name:** |  |
| **Placement address:** |  |
| **Practice Educator name:** |  |
| **Practice Educator telephone & e-mail:** |  |
| **Type of service:** |  |

Negotiated between you and your Practice Educator (PE) STUDENT:………………………………….……PE:……….…….……………………..PLACEMENT No.…

| **Learning Needs****What do I need to learn?** | **Related P.C.’s by no.** | **Learning Resources and Strategies****How can I best learn and integrate this?****What resources are available to me?** | **Criteria for evaluation.****How will we know I have learned what I need to learn? How will the Practice Educator evaluate my abilities?**  | **Supporting Evidence****(location and type)** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Pass/Fail PE Signature |
|  |  |  |  |  |
| Pass/Fail PE Signature |
|  |  |  |  |  |
| Pass/Fail PE Signature |
|  |  |  |  |  |
| Pass/Fail PE Signature |
|  |  |  |  |  |
| Pass/Fail PE Signature |