**OPTOMETRY PLACEMENT LEARNING CONTRACT**

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| --- | --- |
| Student name: |  |
| Placement name: |  |
| Placement address: |  |
| Placement provider name: |  |
| Placement provider telephone &  e-mail: |  |
| Type of service: |  |

Discussed between you and your Placement Provider (PP) STUDENT:……………………………….……PP:……….………………………..

PLACEMENT No.…

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Needs:**  **What do I need to learn?** | **Learning Resources and Strategies:**  **What resources are available to me?** | **Criteria for evaluation:**  **How will we know I have learned what I need to learn?** | **Supporting Evidence** |
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