**LEARNING CONTRACT  
LEARNING OBJECTIVE** *please identify 3 learning objectives*

Student Name:       Student Number:

Date: Click here to enter a date.

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify a personal object/goal to be learned during your work-term:

How are you going to learn it?

|  |
| --- |
| Resources: |
|  |
| Strategies: |
|  |
| Evidence of Accomplishment: |
|  |
| Target Date for Completion: |
| Click here to enter a date. |