*STUDENT LEARNING GOALS / CONTRACT*

Student Name:

Agency Supervisor / Agency:

**Micro Goal:**

Strategy 1:

Strategy 2:

Strategy 3:

Strategy 4:

**ASSOCIATED CORE COMPETENCY / PRACTICE BEHAVIOR:**

**Method of Evaluation: MUST BE MEASUREABLE:**

**Mezzo Goal**:

Strategy 1:

Strategy 2:

Strategy 3:

Strategy 4:

**ASSOCIATED CORE COMPETENCY / PRACTICE BEHAVIORS**:

**Method of Evaluation: MUST BE MEASUREABLE**

**Macro Goal:**

Strategy 1:

Strategy 2:

Strategy 3:

Strategy 4:

**ASSOCIATED CORE COMPETENCY / PRACTICE BEHAVIORS:**

**Method of Evaluation: Must be MEASUREABLE**

**AGENCY / SITE SUPERVISOR**

Agency / Organization:

Agency Supervisor:

Agency Supervisor Title:

Agency Supervisor Email:

Agency Supervisor Signature/date:

**DIRECTOR FIELD EDUCATION / SOCIAL WORK FACULTY**

Social Work Faculty:

Social Work Faculty Email**:**

Social Work Faculty Signature/date:

**BACHELOR SOCIAL WORK STUDENT**

Student Name:

Student phone number:

Student Email:

Student Signature / date: