

FRANCISCAN SCHOOL OF THEOLOGY

Field Education Contract

Student Name:	Semester/Year:
Phone: ()	Email:
Placement Agency:	Phone: ()
Address:	
Mentor Name:	Ministry:
Phone:	Email:
Dates of Placement: From / / to / /	
Day and time student is regularly on site:	
Regular student/mentor reflection sessions to be held:	
LEARNING OUTCOME #1: Ministry tasks related to learning outcome: Evaluation Process: Evaluation Criteria:	
LEARNING OUTCOME #2: Ministry tasks related to learning outcome: Evaluation Process: Evaluation Criteria:	
SELF-CARE OUTCOME: Activities related to this objective: Person(s) who will assist you in achieving this self-care outcome: How will they assist you?:	

Field Education Contract (page 2)

I bring these personal and ministerial strengths to this field education experience:

This field education experience will enable me to develop my ministerial identity by:

This field education experience can contribute to my future ministerial; competence by:

I agree to be accountable for all elements of this learning contract:

Student's Signature: _____ Date: _____

Mentor's Signature: _____ Date: _____

Approval of Director of Field Education: _____ Date: _____

Original to Field Education Director

Copy to Student

Copy to Mentor