

## FRANCISCAN SCHOOL OF THEOLOGY

### Same Site, Second Semester 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:	
<p><b>LEARNING OUTCOME #1:</b></p> <p>Ministry tasks related to learning outcome:</p> <p>Evaluation Process:</p> <p>Evaluation Criteria:</p>	
<p><b>LEARNING OUTCOME #2:</b></p> <p>Ministry tasks related to learning outcome:</p> <p>Evaluation Process:</p> <p>Evaluation Criteria:</p>	
<p><b>SELF-CARE OUTCOME:</b></p> <p>Activities related to this objective:</p> <p>Person(s) who will assist you in achieving this self-care outcome:</p> <p>How will they assist you?:</p>	
<p>I agree to be accountable for all elements of this learning contract:</p> <p>Student's Signature: _____ Date: _____</p> <p>Mentor's Signature: _____ Date: _____</p>	

Original to Field Education Director	Copy to Student	Copy to Mentor
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