Occupational Therapy Assistant Program

Learning Contract

The attached detailed clinical objectives reflect the results of a discussion with

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Academic Fieldwork Coordinator and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Fieldwork Supervisor for Michigan Hand and Sports Rehabilitation (Auburn Hills), in which we clarified expectations of my behavior or performance, in areas that were identified as problems \_\_\_\_\_\_6/9/16\_\_\_\_\_\_\_ .

The purpose of defining specific performance statements is to clarify the expectations of my performance during the remainder of my clinical experience at \_\_Michigan Hand and Sports Rehabilitation \_\_\_\_\_\_\_\_\_\_.

I understand that I must incorporate these suggestions into my daily activities at \_\_\_Michigan Hand and Sports Rehabilitation \_\_\_\_\_\_\_\_. Failure to successfully meet these objectives by \_\_\_\_\_\_\_6/24/16\_\_\_ will result in \_1) extension of fieldwork experience one week and if still not met by 7/1/16 may result in failure of the clinical experience\_\_\_\_\_ .

Objective 1:

Student will demonstrate timliness with arrival and departure from clinical experience as agreed upon with FWS.

Objective 2:

Student will demonstrate initiative and ownership

I understand that emphasis on these objectives should in no way be construed to mean that the remainder of the goals and objectives for this experience are less important, or that successful completion of the remaining goals is not required for successful completion of this experience.

Student’s Signature Date

FWS’s Signature Date

AFWC’s Signature Date