



**Human Services Program  
Form 5**

**Form 5: Learning Contract  
Learning Objectives and Corresponding Learning Activities**

Intern's Name:

Student ID#:

Email:

Phone:

Agency Name & Address:

Field Supervisor Name:

Email:

Field Supervisor Phone:

University Instructor Name:

Quarter/ Year:

Please use as much space as needed on the following page(s) to articulate your Learning Objectives and Learning Activities. Retain a copy of this Learning Contract for your records, and supply your Instructor and field supervisor with a completed and signed copy.

**Learning Objective 1:** (Learning objectives describe what the student plans to know or do after completing the quarter at the internship site.)

**Corresponding Learning Activities:** (Learning activities describe specific tasks that outline how the student will accomplish the learning in the objectives.)

**Learning Objective 2:**

**Corresponding Learning Activities:**

**Additional Learning Objectives and Learning Activities (Optional):**

The following signatures indicate that these individuals have approved these learning objectives and their corresponding learning activities as an appropriate academic learning experience.

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Field Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
University Instructor Signature

\_\_\_\_\_  
Date