Field Experience Contract

Name _____ Date _____

Place of Field Experience _____

Job Title _____

Supervisor _____ Title _____

Address _____ Phone_____

Job Description:

Learning Goal 1:

Learning Activities:

Method of Evaluation:

Learning Goal 2:

Learning Activities:

Method of Evaluation:

Learning Goal 3:

Learning Activities:

Method of Evaluation:

Hours Credit: _____

_____	_____	_____
Student's Signature	**Field Supervisor's Signature**	**Faculty Supervisor's Signature**

CHM Field Experience Progress Report # 1

Name _____ Date _____

Place of Field Experience _____

Job Title _____

STUDENT: Evaluate your progress toward your learning goals thus far:

FIELD SUPERVISOR: Evaluate the student's progress toward his/her learning goals:

_____ _____

Student's Signature **Field Supervisor's Signature**

CHM Field Experience Progress Report # 2

Name _____ Date _____

Place of Field Experience _____

Job Title _____

STUDENT: Evaluate your progress toward your learning goals:

FIELD SUPERVISOR: Evaluate the student's progress toward his/her learning goals:

_____ _____

Student's Signature **Field Supervisor's Signature**

CHM Field Experience Weekly Report

Name _____ Date _____

Place of Field Experience _____

Job Title _____

NOTE TO STUDENT: This report must be submitted weekly. Supervisors are to initial each report. Please list below your major Learning Activities and the time (hours/minutes) you invest in each of these tasks. Include supervisory sessions.

Assignment	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

Total Hours This Week: _____

Field Supervisor's Initials:

Observations:

_____

_____

_____

_____

CHM Field Experience Final Report

Name _____ Date _____

Place of Field Experience _____

Job Title _____

STUDENT: Evaluate your progress toward your learning goals this semester:

FIELD SUPERVISOR: Evaluate the student's progress toward his/her learning goals this semester:

Suggested Course Grade: _____

_____ _____

Student's Signature **Field Supervisor's Signature**

CHM Field Experience Faculty Supervisor's
Final Evaluation and .Grade

Name _____ Date _____

Place of Field Experience _____

Job Title _____

Evaluation of the student's progress toward his/her learning goals:

Evaluation of student's materials submitted for evaluation:

Course Grade Submitted: _____

_____ _____

Student's Signature **Faculty Supervisor's Signature**