

LEARNING CONTRACT – to be discussed, agreed to and completed **Day 1** of the rotation.

It is the Student's responsibility to complete and obtain a signature and submit to LMU-CVM.

Upon mutual agreement of student and preceptor, this agreement may be changed at any time during the rotation. Students need to communicate with the Clinical Course Mentor why a Learning Agreement may be late.

For a printable copy, click [Learning Contract](#)

## **Student Learning Agreement**

Prior to the student's first day on the rotation, the student should look at the course syllabus and description of the clinical affiliate site. After the orientation at the site, the student is to complete this agreement with the student supervisor at the site on Day 1 of the rotation. A short 3 to 5 sentences in each of the areas below: goals, discussion and opportunities. This agreement should then be uploaded at the end of Day 1 to the student's electronic portfolio by the student as a document or photo into the student's E\*Value electronic portfolio. A copy of the agreement should be shared with the rotation supervisor.

**This may be modified/updated during the rotation.**

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**Student Name:** \_\_\_\_\_ **Rotation: Course CVM** \_\_\_\_\_

**Rotation Site Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Student's career goals/objectives:** (For example, "I am very interested in surgery and I wish to learn more about surgery on this rotation, specifically . . . I plan to practice as a . . . ")

**Overview of orientation discussion - student's goals for this rotation - what is realistic** (student's expectations of rotation) (For example, from investigating your website and today's orientation, I see that this practice is known for . . . I would like to be involved in any exotic case . . . I would like to learn more about . . . I would like to work on my dental skills . . . – Be specific about how many!)

**Options/opportunities in the workplace for student**

(list specific areas where the student would like to be involved)

**Action Plan - activities w/ approximate dates for completion**

(list **number** of procedures/surgeries/etc. that the student wishes to be involved in and other areas to work on for example business, client communications, etc.)

**Follow SMART Goal outline – Specific – Measurable – Attainable – Realistic – Time-bound**

For more info visit: <https://www.drjulieconnor.com/smart-personal-goals/>  
<https://youtu.be/1-SvuFIQjK8>

1)

2)

3)

Signed: \_\_\_\_\_ (Student) \_\_\_\_\_ (Date)

Signed: \_\_\_\_\_ (Supervisor) \_\_\_\_\_ (Date)

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