

**Learning Agreement**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject (please tick):  AUDI90032  AUDI90033  AUDI90039

Placement (please tick):  1  2a  2b  3a  3b

Host Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Educator(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Placement Commencement Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Placement Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Complete this Learning Agreement at the beginning of the placement. Filling out the Learning Agreement together allows the student and the Clinical Educator to clearly communicate each other’s expectations of the placement, and discuss guidelines about supervision and feedback. The Learning Agreement also allows the student to list the specific areas and goals they would like to focus on during the placement, for negotiation with the CE. The student should review this Agreement at Mid Placement and revise accordingly.*

**1 Orientation**

1.1 Student to provide a brief overview of experiences from past clinical placements / experiences

Caseload (populations, ranges of practice, diagnoses, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Settings (hospital, community centre, home-based, etc.):

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Service Delivery (individual sessions, group sessions, consultations, assessments, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Strengths from previous placements / experiences:

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Specific areas for growth from previous placements:

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Other:

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1.2 Clinical Educator to provide information about the current clinical placement

Caseload (clients, speech, language, dysphagia, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Setting:

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Service delivery (individual sessions, group sessions, consultations, assessments, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other:

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**2 Expectations**

2.1 Clinical Educator to outline work expectations

Workload (expected of the student):

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Session plans (format and timing)

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Client files/note taking (format and responsibility):

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Reports (format and timing)

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Other

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2.2 Learning and Supervisory styles

Notes about learning preferences and supervisory styles. Shared understanding of clinical education:

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2.3 Feedback

Clinical Educator to advise type, frequency and timing of feedback

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2.4 Reflections and Self Evaluations

Student and Clinical Educator to discuss activities that support student’s reflective skills

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**3 Personal circumstances and factors the student *may* wish to share with the CE**

Preferred pronouns

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Religious requirements

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Health (mental and physical)

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Family circumstances

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Self-care plan for duration of placement

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Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Clinical Educator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Clinical Educator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_