

Holy Cross Greek Orthodox School of Theology

Field Education Program

- Learning Agreement -



Identifying Data

Name _____ Date _____

Degree Program _____ Academic Year _____

Supervisor _____ Field Education Year 1 2 3

Field Education Site _____

Address _____

Telephone _____

Ongoing Supervision Meeting

Day _____ Time _____

Location _____

Contractual Agreement

Length of Program Beginning Date: _____ Ending Date: _____

Free Days Agreed Upon 1. _____ 2. _____ 3. _____

Weekly Schedule

Hours (approximate)

1. Tasks

2. Supervisory Conference

3. Preparation

4. Travel

Total Hours per Week

Plan for Learning

General Statement: (Student's learning expectations)

Tasks: (List assignments)

Supervision: (How the student will be supervised)

This agreement has been accepted by:

Student

Site Supervisor

Date