LEARNING AGREEMENT

Student name: Student Name

Student D#: D40773261

Student e-mail, phone: dxxinx5006@gmail.com 954)4x1-77x1

Mentor name and credentials: Nerissa Thompson MSN Director of Surgical Services

Mentor contact information (work phone, cell phone, e-mail, and work address):

Emory University Orthopaedics and Spine Hospital EUOSH 1455 Montreal Rd E
Tucker, GA 30084
404)251-3268 work
401)391-7329 cell
Nerixxathompsonxx5@gmail.com
Xerxxxa.thoxxxon@emoryhealthcare.org

Directions:

For Week 1, complete the Learning Agreement with self-identified goals to meet Course Outcomes (COs) and initial plans to meet those self-identified goals; review the TIPS document to help you and discuss your goals and plans with your mentor. Your mentor must sign the Learning Agreement for your Week 1 submission.

The agreement should be revised each week to reflect completed goals, additional goals, and changes to the plan dictated by the actual experience or revisions suggested by faculty or the mentor. At the end of the practicum experience, evaluate success with your mentor and obtain the mentor's signature at the bottom of agreement. Save this form as a Word document and enter required information directly onto it; submit the completed Learning Agreement, signed by your mentor, on the Saturday of Week 8. See the Learning Agreement Grading Rubric for grading details.

The Learning Agreement consists of three sections.

- I. Student Learning Outcomes table (Week 1)
- II. Signatures approving plan (Week 1)
- III. Signatures and mentor verification (Week 8)