

DNFS Practicum Contract (NFS 274)*

STUDENT BACKGROUND

Name: _____ Phone Number: _____

Address: _____ Email: _____

Career goals in Nutrition or Dietetics: _____

PRACTICUM AGENCY

Practicum Supervisor: _____ Phone Number: _____

Email: _____

Agency, Department and program with which student will be affiliated: _____

Address: _____

PRACTICUM CONTRACT

Inclusive dates of practicum: _____

Indicate hours and days of week scheduled: _____

Number of credits to be earned: _____ Semester: _____

Overall Goal of Practicum: _____

I agree with the practicum plans as outlined on page 1 and 2 of this form:

Student: _____ Date: _____

Practicum Supervisor: _____ Date: _____

Practicum Coordinator,
Farryl M. Bertmann, PhD, RDN _____ Date: _____

*To be negotiated by practicum supervisor and student, filled out by student and reviewed by the Practicum Coordinator (Farryl Bertmann). The student is responsible for providing all parties with a copy of the finalized contract.

1. List your three S.M.A.R.T. objectives for the practicum: State specific knowledge and/or skills to be learned throughout this experience.
2. Activities: Specify the activities in which you plan to be involved. They should be directed toward accomplishment of the above stated objectives.
3. Timelines: State the expected date for involvement in and completion of the activities.
4. Other Considerations: Note any additional information that is necessary for defining your field experience plan or expectations, roles and relationships of parties involved, or final outcome, papers or projects.
5. Evaluation: State criteria by which you wish to be evaluated. This must be approved by all parties, and should be based on your stated learning with S.M.A.R.T. objectives.