

Today's Date: _____ Member Name: _____ Supervised Practice Dates: _____

Supervising OT(s): _____ Facility or Site: _____



Learning Contract for Supervised Practice

Objectives	Resources and Approach/Strategy	Evidence of Accomplishments	Grading	Timelines / Checkpoints	Met	Not Met	Comments

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Approval:

Provisional Member Signature

Supervisor Signature

College Staff Signature