

Angelo State University
College of Health and Human Services
Doctor of Physical Therapy Program

Learning Contract

The attached detailed clinical objectives reflect the results of a discussion with _____
(name) _____, ACCE, and/or _____ (name) _____, CCCE/CI, at _____
(facility name) _____, in which we clarified expectations of my behavior
and/or performance, in areas that were identified as problems on _____ (date)
_____.

The purpose of defining specific performance statements is to clarify the expectations of
my performance during the remainder of my clinical experience at _____ (facility name)
_____.

I understand that I must incorporate these suggestions into my daily activities at
(facility name) _____. Failure to successfully meet these objectives by
(date) _____ will result in the following consequences:

1. Failure of the clinical experience
2. Early termination of the clinical experience
3. Clinical probation
4. Discussion of my status in the program by the academic committee
5. Other (please specify)

I understand that emphasis on these objectives should in no way be construed to mean
that the remainder of the goals and objectives for this experience are less important, or
that successful completion of the remaining objectives is not required for successful
completion of this experience.

Student signature Date

CCCE or CI signature Date

ACCE signature Date