

B. Learner Contract



**University of Central Florida
Community of Practice**

Student Name: _____

Preceptor Name: _____

Part I. Student's Goals

List the three most important goals you have for this preceptorship.

1. _____
2. _____
3. _____

Part II. Preceptor's Goals

List the three most important areas on which you believe the student should focus:

1. _____
2. _____
3. _____

Part III. Preceptor

List specific strategies you suggest for accomplishing goals in Part I & Part II.

- _____
- _____
- _____

Student signature: _____ Date: _____

Preceptor signature: _____ Date: _____

**Preceptors: please provide a copy of the signed contract to student and maintain original for your records and grading purposes, if applicable.*