

**LEARNING AGREEMENT****Student name:** .....**Student D#:** D41070172**Student e-mail, phone:** [p.....rg@msn.com](mailto:p.....rg@msn.com), 7X7-514-3089**Mentor name and credentials:** Jexxxfer Sexur, DNP, RN, CENP**Mentor contact information (work phone, cell phone, e-mail, and work address):****Advent Health North Pinellas****1395 S. Pinellas Ave****Tarpon Springs, FL 34689****727-942-5000(wk)****727-916-2740(cell)****pe.....gur@adventhealth.com 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)

**Due Dates:**

1. Initial signed Learning Agreement is submitted by 11:59 p.m. MT, Sunday at the end of Week 1