



Externship Placement Goals/Learning Agenda

Extern's Name: _____
 Placement Site: _____

Goals for the Externship	For each goal, list experiences which will help in attaining the goal.
I.	a.
	b.
	c.
	d.
II.	a.
	b.
	c.
	d.
III.	a.
	b.
	c.
	d.

Supervisor's Comments: _____

Supervisor's Approval: _____
 Signature _____ Date _____

Faculty Approval: _____

 Signature _____ Date _____