Office of Field Education

**Student Performance Agreement**

Date: Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Name:
Field Instructor Name: \_

Task Supervisor Name (if applicable):

Liaison Name:

Identify/Describe area of concern with student’s performance in behavioral terms.

Identify/Describe what the student must do to correct the behavior(s) identified above.

Identify the time frame/date by which the corrected behavior(s) is to occur.

 Identify/Describe the consequences to the student if the desired behavior(s) change does not occur.

 Document any previous discussions with this student that have occurred about this issue.

Student and Field Instructor will meet on (date) to evaluate student progress toward desired behavior(s).

Student Signature Field Instructor Signature Task Supervisor Signature

**Documentation of Evaluative Conference**

Describe how the student did or did not demonstrate the desired behavior(s).

Student Signature Field Instructor Signature Task Supervisor Signature

Submit original to the Faculty Liaison and a copy to the Field Office