



# STUDENT LEARNING OBJECTIVES

Please read over and discuss at your orientation

Student name: \_\_\_\_\_

Placement start date: \_\_\_\_\_ Placement end date: \_\_\_\_\_

Health service/Agency: Upper Murray Health & Community Services

Supervisor: \_\_\_\_\_

<b>Objectives</b>	<b>Resources and strategies</b>	<b>Timeframe</b>	<b>Evidence</b>	<b>Verification/Evaluation</b>
<i>What am I going to learn?</i>	<i>What resources and strategies are required and/or available to meet this learning objective?</i>	<i>What time is required for this learning objective to be achieved?</i>	<i>How will I know that I have achieved the learning objective?</i>	<i>How will I prove to my supervisor that I have achieved the learning objective?</i>

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

This margin is for binding only. Please do not write in here.

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