

Ruple: Teaching Health Careers Education

Student Counseling Report/Learning Contract

Date/Time of Meeting: _____

Name of Learner: _____

Professional/Educational Details of Learner: _____

Institution Name: _____

Name of Course Instructor: _____

Course Name and Number: _____

Semester and Year: _____

Other Educational Members Present and Role(s): _____

Description of Behavior

Instructor's Explanation of the Observed Behavior(s) and Source(s): _____

Student's Explanation of Observed Behavior(s): _____

Institution Rules and Guidelines Governing the Observed Behavior(s):

1. _____

2. _____

3. _____

Laws Governing the Observed Behavior(s):

1. _____

2. _____

3. _____

Consequences for the Observed Behavior(s):

1. _____

2. _____

3. _____

Action Plan

What are the goals of this Action Plan?

- 1. _____
- 2. _____
- 3. _____

What knowledge or skill does the learner need to acquire or develop to achieve his or her goals?

- 1. _____
- 2. _____
- 3. _____

What responsibilities will the learner assume to achieve his or her goals?

- 1. _____
- 2. _____
- 3. _____

What responsibilities will the instructor assume to aid the learner in his or her effort to achieve the preceding goals?

- 1. _____
- 2. _____
- 3. _____

What consequences will the learner face if the goals are not met by the suggested due date?

- 1. _____
- 2. _____
- 3. _____

What rewards will the learning enjoy if the goal is met by the due date?

- 1. _____
- 2. _____
- 3. _____

Goal Due Date: _____

Follow-up Meeting Date: _____

I understand the consequences for the aforementioned behaviors and will adhere to the action plan set forth by the course instructor and myself to achieve the preceding goals.

X: _____ Date: _____

I have discussed the preceding behaviors with the learner and will adhere to the action plan set forth by the learner and myself in an effort to aid the student in his or her efforts to achieve the goals listed in the action plan.

X: _____

Date: _____