***PLANNING FRAMEWORK/ PLACEMENT CONTRACT***

*To be completed by the student and the practicum supervisor within 2 weeks of commencement of placement and a signed copy must be returned to the practicum placement officer*

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

Student’s academic advisor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this been discussed with your academic advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum supervisor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum supervisor’s e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum supervisor’s phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Practicum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial arrangements (stipend/ hourly wage, amount): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course codes registered for on ROSI (note: you can only obtain a TOTAL of 3.5 FCE for all practica, ie Practicum I and Practicum II combined):

First practicum: **\_\_CHL6010Y** (1.0cr) **\_\_CHL6011H** (0.5cr) **\_\_CHL6012Y** (1.0cr extension)

Second practicum: **\_\_CHL6020Y** (1.0cr) **\_\_CHL6021H** (0.5cr) **\_\_CHL6022Y** (1.0cr extension)

Date mid-term evaluation due (approx. halfway through placement):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date final evaluations and deliverables due (same as stated end date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For more information, please contact:

Prof Charlotte Lombardo at 416-978-6873 / c.lombardo@utoronto.ca

Dr Suzanne Jackson at 416-978-1100 / Suzanne.jackson@utoronto.ca

Practicum placement officer at 416-978-8844 / practicum.dlsph@utoronto.ca

**PURPOSE/GOAL(S) OF THE PRACTICUM**

…. From the perspective of the sponsoring agency/organization

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…. From the perspective of the student

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Based on the above, outline how the placement is a good fit between you (the student) and the agency, and state three to five shared goals.

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Which core health promotion competencies will this practicum help the student to acquire/enhance and demonstrate?

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What is the health promotion relevance of this placement?

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**SPECIFIC PRACTICUM ACTIVITIES and ARRANGEMENTS**

What are the specific activities that the student will perform during the practicum?

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What products (documents, proposals, presentations, publications) will signal the completion of the practicum? Your work must be the equivalent (at minimum) to that of a major paper.

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If research is involved, has ethics approval been received for the work to be performed by the student? If yes, what process/procedures were involved in obtaining ethical approval*? Please refer to the Practicum Guidelines for what will and will not be approved for Practicum I.*

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What are the expected arrangements for student supervision during the practicum?

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What are the additional expectations regarding working conditions and resources? (i.e. provision of a workstation, computer, telephone, reimbursement for work-related travel, etc.)

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**For Practicum II ONLY:** Will the student undertake a “field inquiry” in association with her/his practicum? If yes, what is the distinction between the practicum activities and activities associated with the field inquiry?

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Additional comments/information:

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**As practicum supervisor/ student I:**

* **agree with this practicum plan.**
* **understand that this plan may change or be further developed as a result of the changing nature and/or conditions associated with the Practicum.**
* **agree that significant changes to the plan will be agreed to and documented by the sponsoring agency/organization and the student by completion of the amendment form.**
* **agree to discuss significant issues/problems that may arise with the practicum placement officer (contact information below) at the earliest possible moment.**
* **agree that I will complete and return both a mid-term and final evaluation for the student’s placement.**

**SIGNATURES**

Practicum Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Students, please submit completed form through Blackboard. For any questions or concerns, contact the practicum placement officer at practicum.dlsph@utoronto.ca.