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## CDNS 5800-5801 – Practicum Learning Contract

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### Contact Information

Student Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Student # \_\_\_\_\_ E-mail \_\_\_\_\_  
Workplace Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Academic Evaluator \_\_\_\_\_ Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
School of Indigenous and Canadian Studies,  
Carleton University,  
12<sup>th</sup> floor Dunton Tower,  
1125 Colonel By Drive, \_\_\_\_\_ Semester, Year: \_\_\_\_\_  
Ottawa K1S 5B6

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### Terms of Employment

Workplace:                      Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Hours of Work:\***              MON    \_\_\_ : \_\_\_    A.M. to \_\_\_ : \_\_\_    P.M.  
   TUES   \_\_\_ : \_\_\_    A.M. to \_\_\_ : \_\_\_    P.M.  
   WED    \_\_\_ : \_\_\_    A.M. to \_\_\_ : \_\_\_    P.M.  
   THURS \_\_\_ : \_\_\_    A.M. to \_\_\_ : \_\_\_    P.M.  
   FRI     \_\_\_ : \_\_\_    A.M. to \_\_\_ : \_\_\_    P.M.

\* It is understood that this schedule may vary with work requirements over the term of the practicum, however, an initial, agreed-upon indication of when the student will be working is requested.

**Period of Work:** From : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Day/Month/Year)

To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Day/Month/Year)

**Project Description:**

a. Title and description of the deliverable(s), including expected scope and size

b. Available resources, such as existing research

c. Specific knowledge areas and skills required

d. Specific knowledge areas and skills to be developed

**Reporting Protocol:**

- 1) Initial Meeting of Student, Workplace Supervisor and Academic Advisor to establish work plan (if required):

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

- 2) Student report to academic advisor (due in the fourth week of the practicum):

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

- 3) Student Report & Copies of Work Completed (or equivalent)

Due Date: \_\_\_\_\_

- 4) Workplace Supervisor's Report Due By:

Due Date: \_\_\_\_\_

In addition to the strict requirements specified above, best practice recommends the maintenance of regular communication between the student, the workplace supervisor and the academic advisor throughout the duration of the practicum.

SIGNATURES

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Practicum Student

I agree to fulfill the assignment as described above and understand what is required of me, the criteria that will be used for evaluation, and the nature of the grading.

Student's Signature \_\_\_\_\_ / \_\_\_\_\_

(DD-MM-YYYY)

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Workplace Supervisor

I agree to supervise this student in the work described above, to follow the reporting protocol described above, and to provide a final assessment of the student's performance to aid the academic evaluator's final evaluation of the student.

Workplace Supervisor Signature \_\_\_\_\_ / \_\_\_\_\_

(DD-MM-YYYY)

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Academic Evaluator

I approve this student's placement and agree to monitor, evaluate, and assign the final grade certifying the credit for this Practicum.

Academic Evaluator's Signature \_\_\_\_\_ / \_\_\_\_\_

(DD-MM-YYYY)