
(name of student)

LEARNING/SERVING CONTRACT

For the period: _____ to _____
(date field work begins) (planned date for completion of field work)

AREA (for example, worship, pastoral care, etc.)	RESPONSIBILITY (specific ministry or study on the part of the student, or teaching on the part of supervisor)	TIME LINE (if a single item, due date; if a series, the expected frequency)	EVALUATION (when & by whom)
1. _____	_____	_____	_____
	_____		_____
2. _____	_____	_____	_____
	_____		_____
3. _____	_____	_____	_____
	_____		_____
4. _____	_____	_____	_____
	_____		_____
5. _____	_____	_____	_____
	_____		_____
6. _____	_____	_____	_____
	_____		_____
7. _____	_____	_____	_____
	_____		_____
8. _____	_____	_____	_____
	_____		_____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. _____

22. _____

-- SIGNATURES --

(intern/student field worker)

(date)

(supervisor)

(date)

When completed and signed, this form is to be sent to:

Lutheran School of Theology at Chicago
Field Education Office
1100 East 55th Street
Chicago, IL 60615