Appendix E: Blank Forms

Sponsored Independent Learning Contract

To be completed only by those using this activity type (see instructions in the Professional Development Portfolio Guide, page 11, for Activity Type 220, Sponsored Independent Learning).

Learner Name ___________________________ CDR Credential ○ RD ○ DTR
Registration # ___________________________
Sponsor Name: __________________________ Title: __________________________
Institution: ____________________________ Phone Number: ________________

Learning Need:

Which learning need(s) from your Learning Plan form (Step 3) does this learning contract address? List the learning need/s being addressed.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Learning Outcome:

What do you intend to learn? Describe the learning outcomes (skills, knowledge, or behaviors) you will be able to demonstrate following completion of this learning contract. The outcomes must be measurable or observable, clearly stated, and focus on what you will be able to demonstrate.

As a result of my learning, I will...

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Learning Resources and Activities:

How will you accomplish each learning outcome? Describe the resources (material and/or human) you plan to use to achieve the learning outcome and the activities (techniques and/or tools) you will employ.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
**Target Number of Hours Needed to Accomplish Learning Outcomes:**

How much time will you devote to achieving each learning outcome through the activities described? List the hours you anticipate spending on each activity. You must keep track of these hours in order to receive CPEUs for the activities.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

**Target Completion Date:**

When will your learning outcomes be met? List your target date: _______________

**Evidence of Learning Outcome(s) Achievement:**

How will you know if you have achieved the learning outcomes? List the evidence you will use to measure achievement of your learning outcomes. Examples of evidence include a peer audit, chart review, completion of a project, publication, self-assessment, question-and-answer session.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

**Sponsor and Learner Agreement:**

We have discussed the Independent Learning Contract and agree to implement the activities outlines in this plan.

Signature of Learner: ______________________________ Date: ______________

Signature of Sponsor: ______________________________ Date: ______________

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**Complete this section after learning outcomes have been demonstrated:**

I verify that the learner has devoted _____ hours towards achieving the learning plan outcomes and produced evidence of such achievement.

Describe the evidence and attach documentation, if applicable.

Signature of Sponsor: ______________________________ Date: ______________