



## Student Learning Goals Form

INTERN NAME:		DATE:
INTERNSHIP SITE:		
SUPERVISOR NAME:		

**LEARNING GOALS (COMPLETE BEFORE MEETING/DISCUSSING WITH YOUR SUPERVISOR)**

**KNOWLEDGE GOALS: WHAT DO I WANT TO LEARN ABOUT?**

**SKILLS GOALS: WHAT DO I WANT TO LEARN TO DO?**

**SELF-AWARENESS GOALS: WHAT DO I WANT TO LEARN ABOUT MYSELF?**

STUDENT SIGNATURE		DATE
SUPERVISOR SIGNATURE		DATE

**Student: Complete learning goals before discussing with your mentor. Ensure you and your mentor have a copy of the final document and submit to LiveText.**