

LEARNING CONTRACT

TARGET DATE FOR COMPLETION

COMPETENCY: WHAT NEEDS TO BE ADDRESSED?

OBJECTIVES: WHAT (SPECIFICALLY) DO I WANT TO LEARN?

ALIGNMENT: HOW DOES/DO OBJECTIVE(S) SUPPORT MY PROGRAM'S AND APHIS' STRATEGIC PLAN AND MANAGEMENT PRIORITIES; THE HUMAN CAPITAL PLAN?

APPLICATION: HOW DO I PLAN TO APPLY WHAT I LEARN?

STRATEGY: WHAT WILL I DO TO OBTAIN THIS KNOWLEDGE/SKILL? (BOOK/TAPES/COURSES/DISCUSSION GROUPS/TDY DETAILS) FILL IN BELOW:

WHAT	WHEN	HOURS	COST

PRINTED NAME OF LEARNER		PRINTED NAME OF LEARNER'S SUPERVISOR	
SIGNATURE OF LEARNER	DATE	SIGNATURE OF LEARNER'S SUPERVISOR	DATE