

## Practicum Revision/Amendment

If for some reason a significant number of the specific activities involved in a Health Studies Student's Practicum project cannot be accomplished as planned or if the overall goals of the Practicum Placement must be changed substantially, the situation should be brought to the attention of the Course Instructor for consultation, particularly if a change in the Practicum Supervisor or the Placement Organization is needed. After agreeing on reasonable changes, together the Student and his/her Practicum Supervisor should fill-out this form indicating the adjustments to be made. Once completed, the form should be approved by the HST400Y Course Instructor and be submitted to the University College Health Studies Program Assistant.

### Student Information

Health Studies Student:	Student Name:	Student Number:
Contact Information:	E-Mail Address:	Phone Number:

### Placement Organization & Supervisor Information

Institution/Organization/Agency:			
Address:			
Practicum Supervisor & Contact Information:	Supervisor Name:	Position:	
	Phone Number:	E-Mail Address:	

### Practicum Information

Practicum Title/Topic:			
Specific Practicum Location:			
Practicum Work Schedule:	Hours Per Week: <small>**See Guidelines.</small>	Start date:	End Date:

### Practicum Goals, Tasks/Activities, and Outputs

***What changes are to be made to the original goals of the practicum, as listed in the Practicum Agreement?***

*(Please identify new goals from the perspective of the Student as well as that of the Practicum Supervisor, and (re)iterate shared goals.)*

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***How have the specific Practicum Activities changed and how does this affect the Student's outputs or other products of the Practicum Placement?***

*(Please list the new tasks to be performed or explain how existing ones are to be changed.)*

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**Are there to be any changes in the way the Student's work will be supervised and/or Evaluated?**

(Please explain.)

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**Have there been other substantive changes to the practicum?**

(Include changes to the scheduling/timing of practicum activities, number of hours/week, etc.)

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**Signatories to this Agreement**By signing below, I, the **Health Studies Student**, agree to undertake the HST400 practicum through:

- fulfilling all tasks agreed-to as part of the practicum, carrying-out the work specified in this agreement;
- meeting regularly with the Practicum Supervisor for guidance and evaluation of my efforts; and
- taking part in any safety, security, or procedural training that may be required by the Placement Organization.

I also agree to participate fully in the HST400 coursework, including:

- attending class meetings to share experiences and personal reflections on undertaking the practicum;
- submitting assignments and periodic progress evaluations, as specified in the course outline; and
- presenting a poster on the practicum experience at the University College Research & Practice Day.

<b>Health Studies Practicum Student:</b>	Signature:	
	Written Name:	Date:

By signing below on behalf of the Placement Organization, I, the **Practicum Supervisor**, agree to provide regular direction and oversight to the Student during the course of the practicum placement, including regular in-person meetings and training (as described above). I also agree to hold students to the expectations set by the University of Toronto in terms of academic integrity and research ethics, and to notify the Course Instructor about any concerns I might have with the student's progress in the practicum as soon as any problem is identified.

<b>Practicum Supervisor:</b>	Signature:	
	Written Name:	Date:

By signing below, I, the **Course Instructor**, confirm that I have read and approved this practicum proposal and have met with the Health Studies Student and/or Practicum Supervisor to discuss it. Based on the information presented to me, I believe this practicum placement is suitable for course credit in HST400Y – Health Studies Practicum and that the Student should be officially registered in the course.

<b>HST400 Course Instructor:</b>	Signature:	
	Written Name:	Date:

Any questions or concerns about this Agreement should be addressed to the University College Health Studies Program Director at: [healthstudies.director@utoronto.ca](mailto:healthstudies.director@utoronto.ca), the Health Studies Program Assistant at: [uc.programs@utoronto.ca](mailto:uc.programs@utoronto.ca) or 416-978-8083, or by visiting the University College Office of Academic Services, in Room 173, 15 King's College Circle, Toronto, Ontario, M5S 3H7.