

LEARNING GOALS

Student Name: _____ Agency/Chambers: _____

Supervisor's Name: _____ Date: _____

GOALS FOR THE EXTERNSHIP	FOR EACH GOAL, LIST EXPERIENCES THAT YOU THINK WOULD HELP IN ATTAINING THE GOALS	SUPERVISOR'S COMMENTS ON GOALS AND EXPERIENCES
1.	1.a	
	b.	
	c.	
	d.	
	e.	
2.	2.a.	
	b.	
	c.	
	d.	
	e.	
3.	3.a.	
	b.	
	c.	
	d.	
	e.	
4.	4.a	
	b.	
	c.	
	d.	
	e.	