SERVICE-LEARNING PLAN

Student Name: ______________________ Telephone: ______________________
Instructor(s): ______________________ ______________________
Service-Learning Site: ______________________ City: ______________________

Site Supervisor: ______________________ Telephone: ______________________

LEARNING PLAN (to be completed by Site Supervisor and student):
The Site Supervisor and student should meet and discuss this portion of the agreement. If there are any questions, please contact the Center for Community Service-Learning at (714) 278-3746.

The learning objectives connected to this placement are: (e.g., student will increase communication skills)
1. ______________________
2. ______________________
3. ______________________

Describe the activities and work expectations of this placement: (e.g., student will tutor children one on one)
1. ______________________
2. ______________________
3. ______________________

STUDENT:
I agree to devote __________ hours per week for a total of ______ hours effective from __________ to __________ in order to fulfill the services, activities and objectives described above. I agree to complete all timesheets, forms, and evaluations for this program. I have also reviewed and agree to adhere to the CSUF Guidelines for Service Learners.

________________________________________   __________________________
Student Signature     Date

SITE SUPERVISOR:
As on-site supervisor/co-educator of the student above, I hereby agree to guide this student’s work and to submit a brief final evaluation of his/her achievement upon request. I also certify that this student is receiving no compensation from this agency during this service placement.

________________________________________   __________________________
Site Supervisor Signature    Date

INSTRUCTOR:
I have examined and approved ______________________’s learning plan.

________________________________________   __________________________
Signature       Date