SERVICE LEARNING I – SW310
AGENCY SELECTION FORM
University of Texas Steve Hicks School of Social Work BSW Program

I. Contact Information
Semester/Year: ________ Instructor: __________________ Instructor Email: __________________
Student Name: __________________ Student Phone/Email: __________________

Have you registered for the service learning event on GivePulse? Yes ☐ No ☐

Agency Name: _________________ Agency Contact/Supervisor Name: ______________________

II. Learning Objectives - Consider the following learning objectives for Service Learning I and
determine which activities you will do in your agency to achieve them.

Learning objective #1: Professionalism
Specific learning activities to achieve:

____________________________________________________________________

Learning objective #2: Exposure to diversity and social justice issues
Specific learning activities to achieve:

____________________________________________________________________

III. Student and Agency Contact/Supervisor Contract

Student: I understand the above agency’s expectations of me and am prepared to meet them. I will
maintain consistent communication with the agency and discuss any questions or problems as they arise.

Student Signature_____________________________ Date________________________

Agency Contact/Supervisor: I have reviewed the above information. I will maintain consistent
communication with the student (or arrange for others to do so in my stead) and discuss any questions or
problems as they arise.

Agency Contact/Supervisor Signature________________________ Date________________

Original signed document should be submitted to course instructor and a copy given to the agency
contact/supervisor.