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 ☐

Service Learning hours will be completed: Virtually ☐ In-person ☐ Both ☐

Agency Name: _________________ Agency Contact/Supervisor Name: _________________

II. Learning Objectives - Consider the following learning objectives for Service Learning II 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: Beginning Skills Relationship Building
Specific learning activities to achieve:
________________________________________________________________________________

Learning objective #3: Observing Stage(s) of Change (Engagement, Assessment, Planning, Implementation, Evaluation)
Specific learning activities to achieve:
________________________________________________________________________________

Learning objective #4: Social Justice Issues Impacting Agency Clients
Specific learning activities to achieve:
________________________________________________________________________________

III. Student and Supervisor Contract

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

________________________________________________________________________________

Original signed document should be submitted to course instructor and a copy given to the agency contact/supervisor. Electronic signature should be noted when used.