This form is to be completed by the University Representative (faculty or staff) designing the service learning experience. Faculty designing a service learning project for their course must ensure that the community organization is an authorized Community Partner that has an approved Service Learning/Internship Agreement on file with the University.

Organization Name: Partnership Contact:		Website:	Website:		
		Title:	Title:		
Conta	act Email:	Contact Phone:	Contact Phone:		
Learn	ning Site Address (1):		City		
Learn	ning Site Address (2):Street Address		City		
I.	Discuss the student learning objectives for the project:				
	a. How will this project complement the student learning outcomes of the cou	urse?			
	b. What will students learn that they can apply to their academic discipline?				
II.	Discuss the service objectives for the course: a. What will the students do at the learning site(s) to fulfill the student learning outcomes of the course?				
III.	Determine what needs to be done to prepare students for their service learning	ng experience:			
	a. Will students need to complete LiveScans prior to placement?		□ NO	☐ YES	
	b. Will students need to complete TB Tests prior to placement?		□NO	☐ YES	
	c. Will students need any specific certification(s) or training(s) prior to place	ement?	□NO	☐ YES	
	i. If yes, please identify the specific certification(s)/training(s) required:				

IV.	Discuss the logistics of the service learning project:			
	a. How many students can/will be placed at the learning site(s)?	□ 11-20	21-30	□ 31 +
	b. How many hours per week can/will students be at the learning site(s)?	□ 2-4	4-6	□ 6 +
٧.	Who will supervise the students while at the learning site(s)?			
	a. Learning Site Supervisor (1): Title: _			
	Email: Phone:			
	b. Learning Site Supervisor (2): Title:			
	Email: Phone:			
	c. Will the students meet with their site supervisor(s) prior to their first day of service?	□NO	☐ YES	;
VI.	Will students be provided with all of the necessary materials/tools for this project?	□ NO	☐ YES	}
	a. If no, please identify the specific materials/tools required:			
VII.	Will students to be reimbursed for anything related to the service learning project?	□ NO	☐ YES	}
	a. If yes, please identify the specific items students may be reimbursed for (i.e. mileage, purchases, LiveScans, tr	rainings):		
VIII.	Will students ever operate machinery or heavy equipment beyond the scope of office equipment?	□ NO	☐ YES	,
	a. If yes, please identify the specific machinery and equipment that our students may be asked to operate:			
IX.	Will students ever use any personal protective equipment (PPE)?	□ NO	☐ YES	}
	a. If yes, identify each of the required PPE and their purpose(s):			
x.	Will students ever drive their personal vehicles as a representative of the agency?		☐ YES	}
	a. If yes, students must complete a <i>Student Authorization to Operate Privately Owned Vehicle</i> form, available on http://www-admn.csun.edu/risk/riskweb 08/vehicles/student-authorization-privately-owned-vehicle.pdf		_	
XI.	Will students ever operate a company car or a car owned by a representative of the organization?	□NO	☐ YES	}
	a. If yes, will the Organization provide the University with proof of automobile insurance coverage for our student	s? 🗌 NO	☐ YES	;

XII.	Will students be required to become official volunteers of the Organization?	□ NO	☐ YES	
	a. If yes, please identify all waivers and forms required:			
	b. If yes, will these forms be provided to students in an electronic format prior to placement?	□NO	☐ YES	
XIII.	Will students be required to complete any official forms to participate in the project with the Organization?	□ NO	☐ YES	
	a. If yes, please identify all forms required:			
	b. If yes, will these forms be provided to students in an electronic format prior to placement?	□NO	☐ YES	
XIV.	Will students ever work unsupervised with clients?	□ NO	☐ YES	
	a. If yes, please describe these situations:			
	b. If yes, this project <u>must</u> be brought to the attention of CSUN's Office of Risk Management & Insurance:	` ,	(818) 677-2079 http://www-admn.csun.edu/risk/	
XV.	Will students ever work in a home-based environment?	□ NO	☐ YES	
	a. If yes, please describe these situations:			
	b. If yes, this project must be brought to the attention of CSUN's Office of Risk Management & Insurance:	` ,	(818) 677-2079 http://www-admn.csun.edu/risk/	
XVI.	Does the learning site(s) comply with California Accessibility Codes?	□ NO	☐ YES	
	a. If no, will accommodations be made for students at the learning site(s)?	□NO	☐ YES	
	i. If no, will these students be offered an alternative method for engagement with the learning site(s)?	□NO	☐ YES	
XVII.	Discuss how students will be oriented to the service learning project and the learning site(s):			
	a. Will a representative come to the class to introduce the organization and the project?	□NO	☐ YES	
	b. Will the organization provide on-site orientations for students?	□NO	☐ YES	
	i. If yes, will the orientations include the following?			

Hours available for students to be at the learning site(s) ☐ YES Informing students where to park: ☐ YES Informing students of the closest public transportation options: ☐ YES Procedures for checking-in at the learning site(s): ☐ YES Procedures for students and supervisors to track students' hours: Organizational dress-code: ☐ YES ☐ YES Tours of the learning site(s): ☐ YES Introduction to the students' work areas: ☐ YES Introduction to other employees/volunteers: ☐ YES Confidentiality training: ☐ YES Safety and emergency training, inclusive of the following: ☐ YES i. Emergency evacuation plan: ii. Safety drills & local emergency plans (i.e. lock-downs, earthquake, etc.): ☐ YES iii. Risks associated with the population(s) served by the organization: ☐ YES ☐ YES iv. Risks associated with the community in which the learning site(s) are located: ☐ YES First-Aid/CPR training: ☐ YES vi. Sexual harassment training: ☐ YES vii. Hazardous materials training: ☐ YES viii. Defensive driving training: