

Learning Plan

Section I: Student Data

Student's Name: _____ Student ID: _____

Email: _____ Telephone Number: _____

Primary Emergency Contact: _____ Relation: _____

Daytime Telephone: _____ Cell Phone Number: _____

Secondary Emergency Contact: _____

Daytime Telephone: _____ Cell Phone Number: _____

Section II: Learning Site

Learning Site: _____

Contact Name: _____

Address: _____

Email: _____ Telephone Number: _____

Section III: Course Data

Course Title: _____ Faculty Name: _____

Service Objectives (list your primary responsibilities at the Learning Site): _____

Learning Objectives (describe how your primary responsibilities support/further your course work): _____

Planned Number of Service Hours: _____ Start Date: _____ End Date: _____

I have reviewed and approve the Learning Plan set forth above.

Faculty Signature: _____ Date: _____

Student Initial: _____

PARTICIPATION GUIDELINES

1. I will devote _____ hours per week towards completion of the service and learning objectives listed in my learning plan for a total of _____ service hours, effective from _____ to _____ (“learning activity”). I agree to complete any paperwork required by my professor or site supervisor as part of this learning activity.
2. I understand and acknowledge that there are potential risks associated with this learning activity, some of which may arise from (a) my assigned tasks and responsibilities, (b) the location of the learning activity, (c) the physical characteristics of the Learning Site, (d) the amount and type of criminal activity or hazardous materials at or near the location of the learning activity, (e) any travel associated with the learning activity, (f) the time of day when I will be present at the Learning Site, (g) the criminal, mental and social backgrounds of the individuals I will be working with or serving, and (h) the amount of supervision I will receive. I further understand and acknowledge that my safety and well being are primarily dependent upon my acting responsibly to protect myself from personal injury, bodily injury or property damage.
3. Being aware of the risks inherent in this learning activity, I nonetheless voluntarily choose to participate in this learning activity. I understand that I may stop participating if I believe the risks become too great.
4. While participating in this learning activity, I will **(a)** exhibit professional, ethical and appropriate behavior; **(b)** abide by the Learning Site’s rules and standards of conduct, including wearing any required personal protective equipment; **(c)** participate in all required training; **(d)** complete all assigned tasks and responsibilities in a timely and efficient manner; **(e)** request assistance if I am unsure how to respond to a difficult or uncomfortable situation; **(f)** be punctual and notify the Learning Site if I believe I will be late or absent; and **(g)** respect the privacy of the Learning Site’s clients.
5. While participating in this learning activity, I will not **(a)** report to the Learning Site under the influence of drugs or alcohol; **(b)** give or loan money or other personal belongings to a client; **(c)** make promises to a client I cannot keep; **(d)** give a client or representative a ride in my personal vehicle; **(e)** engage in behavior that might be perceived as harassment of a client or Learning Site representative; **(f)** engage in behavior that might be perceived as discriminating against an individual on the basis of their age, race, gender, sexual orientation, mental capacity, or ethnicity; **(g)** engage in any type of business with clients during the term of my placement; **(h)** disclose without permission the Learning Site’s proprietary information, records or confidential information concerning its clients; or **(i)** enter into personal relationships with a client or Learning Site representative during the term of my placement. I understand that the Learning Site may dismiss me if I engage in any of these behaviors.
6. I agree to contact the faculty of record if I believe I have been discriminated against, harassed or injured while engaged in this learning activity. The faculty of record will report the issue to the University’s Equal Opportunity (EO) Manager, who will determine the disposition of the allegation or complaint.
7. I understand and acknowledge that neither the University nor the Learning Site assumes any financial responsibility in the event I am injured or become ill as a result of my participating in this learning activity. I understand that I am personally responsible for paying any costs I may incur for the treatment of any such injury or illness. I acknowledge that the University recommends that I carry health insurance.

I have read, understand and agree to comply with these guidelines.

Student Signature: _____ Date: __/__/____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ (Required if student is under the age of 18.)