



LEARNING PLAN

- **Student:** (1) Please complete this Learning Plan with your site supervisor and submit to your course instructor for approval.
- **Learning Site:** Please complete and review with student and retain a copy for your referral.
- **Course instructor/Academic Internship and/or CSL Coordinator:** A signed copy of this learning plan and student consent form (*note: student consent form is separate from the learning plan*) will be retained by ICCE for a period of 7 years per Academic Senate Policy S17-278. Please submit learning plans to ICCE at email: icce@sfsu.edu | HSS 206

SECTION I: COURSE INFORMATION

Course Title: _____ Instructor Name: _____
 Instructor Email: _____ Office Telephone Number: _____
 Semester / Year Enrolled: _____ Experience Type : Academic Internship Service Learning
 Additional information specific to department/course: _____

SECTION II: STUDENT DATA

Student's Name: _____
 Email: _____ Telephone Number: _____
 Primary Emergency Contact: _____ Relation: _____
 Daytime Telephone: _____ Cell Phone Number: _____
 Secondary Emergency Contact: _____ Relation: _____
 Daytime Telephone: _____ Cell Phone Number: _____

SECTION III: LEARNING PLACEMENT SITE INFORMATION

Learning Placement Site (Organization Name): _____
 Site Supervisor/Mentor Contact Name: _____
 Site Supervisor/Mentor Title: _____
 Address: _____
 Email: _____ Telephone Number: _____

Please provide a brief description of your organization:

Indicate type of organization:

Private/Corporate sector Non-profit, 501(c)3 or related
 Government Agency (local, state, federal) Other: _____

Will the student be compensated?

Paid (weekly, hourly, stipend, etc) Unpaid Unknown at this time
 Other benefits available: _____

SERVICE/WORK OBJECTIVES: Summarize the student’s primary responsibilities/the type of work that the student will be doing, and the specific tasks to be completed by the end of the internship or service learning project/service.

LEARNING OBJECTIVES: Provide a brief description of the skills and experience the student can expect to gain from the internship or service learning project/service that makes this a learning experience meriting academic credit (e.g. what will the student learn that the student may not already know? What skills or experience can the student expect to gain from the mentorship/supervision provided?)

WORK SCHEDULE: The student is expected to complete a minimum of _____ hours at the host site as required by this course/department/program. The student and site supervisor should agree on a regular schedule and work space.

ADDITIONAL INFORMATION SPECIFIC TO COURSE/DEPARTMENT OR PROGRAM: Please attach any additional items, requirements, etc.

SIGNATURES:

Student

I agree to devote _____ hours per week for a total of _____ hours effective from _____ (start date) to _____ (end date) in order to fulfill the work and learning objectives described above. I agree to complete any paperwork and orientations required by my course and/or site supervisor as part of this placement, as well as other course requirements.

Note: If you are taking a University designated community service learning course and your instructor approves, the hours (a minimum of 20 hours) you completed are recorded on your Official Transcript. For more information, please contact ICCE.

Student Signature: _____ Date: _____

Site Supervisor

As on-site supervisor/co-educator, I agree to guide this student’s work and submit any requested items (e.g. evaluation, department/program specific requirements, etc.) upon request of the course instructor/academic department. Should I have any questions/concerns, I can contact the course instructor.

Site Supervisor Signature: _____ Date: _____

Instructor

I have reviewed and approved this learning plan for the student, course, and site as stated above.

Instructor Signature: _____ Date: _____