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: __________________________________________ Telephone Number: __________________________
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
- [ ] Government Agency (local, state, federal)
- [ ] Non-profit, 501(c)3 or related
- [ ] 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 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: ______________________________