# Student/Community Partner Service-Learning Agreement

 To be completed by student and supervisor and returned to instructor. Please print clearly.

Course / Faculty Partner Information

Instructor

Course Number Section

Semester: Fall \_\_ Spring \_\_ Summer \_\_ Year

Student Partner Information

Name Student 89 # College/Major Phone

PAWS ID

Community Partner Information

Organization Name

Student’s Supervisor

Mailing Address

Email

Phone

Student Partner/Community Partner Agreement

Initial and/or review points of agreement, sign, and date below.

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| --- | --- |
| 1. I will maintain consistent communication with my service site.
2. I understand the organization’s mission.
3. I have communicated my skills, talents, interests, and course requirements to the organization through an interview, résumé, or narrative.
4. If a problem arises, I will discuss it with my supervisor.
5. I will schedule an appointment with my supervisor to discuss the evaluation of my service.
6. I have discussed the learning goals in my course plan with my immediate supervisor. (LIST on back number of hours\_\_\_\_\_\_, project description, requirements, and/or goals you will achieve).
 | 1. I will maintain consistent communication with the student.
2. I have provided information about the mission of our organization.
3. I am aware of the student’s skills, interests, and course requirements and will provide appropriate opportunities for service that meet the needs of our organization.
4. If a problem arises, I will discuss it with the student.
5. I have informed the student of our holiday schedule and closures for this semester.
6. I understand the student’s course learning goals and requirements and am prepared to provide opportunities for achieving them as the student serves to meet the goals of our organization.
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*Student signature Date Supervisor signature(s) Date*

\*Call or e-mail CCELL (225-578-4245, ccell@lsu.edu ) with any questions.