SERVICE LEARNING STUDENT LEARNING PLAN

Student Name ___________________________________________ Student ID# ____________________________

Street Address __________________________________________

City ___________________________ State ______ Zip ______

Phone ___________________________ Email __________________________

Course ___________________________ Instructor __________________________

Semester/ Year: ____________________________

Agency/ Site: ___________________________ Phone #: ____________________________

Address: ____________________________________________________________

Site Supervisor: ___________________________ Phone #: ____________________________

Approximate # of Hours: ___________ Beg. ___________________________ End ___________________________

Date: ________________ Date: ________________

Learning Objectives: What do you hope to learn from this service experience-about the agency, about the challenges and assets of the population with whom you will be working, about yourself, about your community-and how does this connect to your course work?

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Service Objectives: Identify and describe the nature of the service activities in which you will be engaged. The service objectives should be designed to help you work toward your learning objectives.

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