# 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.

|  |  |
| --- | --- |
| 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](mailto:ccell@lsu.edu) ) with any questions.