

Community Colleges of Spokane

SERVICE LEARNING EDUCATION PLAN AGREEMENT

Student's Name _____ E-mail: _____

Instructor _____ Course and Section _____

Community Agency _____ Agency Phone _____

Supervisor _____

PART ONE: EDUCATIONAL PLAN AGREEMENT

Please complete this section, with the help of your agency supervisor, when your service learning begins.

Explanation of student's educational goals and academic projects: _____

Description of service learning work or project for community agency: _____

Agency Supervisor's Approval Signature _____ Date _____

PART TWO: TIME SHEET

Please track your hours, and submit this form to your instructor at the end of the quarter.

DATE	HOURS	SUPERVISOR'S INITIALS

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Student I, _____, completed _____ hours of service for this community agency.

Student's Signature _____ Date _____

Agency I, _____, supervised this student and confirm that he or she completed the project agreed upon.

Supervisor's Signature _____ Date _____

I, _____, acknowledge that this student's service fulfilled the academic component for this course.

Faculty Member's Signature _____ Date _____

