

**LEARNING PLAN**  
**CSUB COMMUNITY PARTNERSHIPS AND SERVICE LEARNING**

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Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Course: \_\_\_\_\_ Quarter: \_\_\_\_\_

Agency/Site: \_\_\_\_\_ Phone #: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Servicing Special Groups:	Grades: <input type="checkbox"/> K -5 <input type="checkbox"/> 6 - 8 <input type="checkbox"/> 9 - 12 <input type="checkbox"/> College
	Program: <input type="checkbox"/> After-school <input type="checkbox"/> In-school
	Individuals: <input type="checkbox"/> Handicapped <input type="checkbox"/> Elderly <input type="checkbox"/> Veterans

Minimum number of Hours \_\_\_\_\_ To Be Completed By (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 and possible career goals?

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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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**The Site Supervisor:**

Agrees to guide this student's work and to submit a brief final evaluation of his/her achievement upon request.

Agrees to discuss any concerns about the service learner's performance with him/her directly, and with the course supervisor if necessary.

Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Community Partnerships & Service Learning Supervisor:**

I have examined and approved the learning plan.

CPSL Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_