



SERVICE-LEARNING CONTRACT

Course Number:

Course Instructor:

Student name: _____ Email: _____

Community agency (if applicable):

Supervisor: _____ Phone: _____

Email: _____

Course Learning Objectives (Determined by instructor)

Student's Responsibility to Community Partner (or, student's public service expectations) (To be reviewed with community partner, when applicable) Note: when practical, indicate the number of minimum hours of service expected; the recommended range of hours for this one-credit option is between 20-25.

Student's Personal Learning Objectives (Determined by individual student)

AGREEMENT:



I agree to honor the minimum commitment required for the service-learning option in my class, as well as any of the additional training and/or time requirements of my service-learning site as detailed by the course syllabus and the community agency representative. I also agree to contact the instructor and the site supervisor should I have any concerns about my service-learning responsibilities. **(Add any additional expectations.)**

Student Signature:

Date: _____

I agree to provide adequate training and supervision for the service-learning student, to outline responsibilities for the student that meet the stated learning objectives for the student's course, and to complete necessary service-learning forms by the due dates (learning contract and verification/evaluation). I agree that I or a member of my organization will provide access to and explanation of necessary information for student to complete assigned work. I also agree to contact the instructor should I have any concerns about the service-learning responsibilities or student. **(Add any additional expectations.)**



Community Agency Supervisor Signature (when applicable):

Date: _____

I have reviewed this contract and found the course objectives and the service responsibilities to be appropriately matched. I have explained to my students and to the community agency what I expect from the students as demonstrated evidence of their learning based on the service experience. **(Add any additional expectations.)**



Faculty Signature:

Date: _____

The goals and requirements outlined in this contract meet the FACE Center expectations for service-learning collaborations at SUNY Fredonia.



Service-Learning Coordinator Signature:

Date: _____