Service Learning Contract

Course name:
Course Description:
Instructor:
Instructor’s contact info:
Service hours required:
Group size and general expectations:

Contract due date:
Service completed by:

Organization name:
Contact person:
Contact Email:
Contact Phone Number:

Learning Outcomes

As a result of this service-learning experience, it is expected that students will be able to:

1.
2.
3.
4.
5.

Project supervisor prefers to be contacted by: (choose all that apply)

Email    Phone    Text    Other

Students in group:

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
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<td>Partner liaison:</td>
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Service Learning Contract

Service project description/goals (What will you be doing with your community partner this semester):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Steps students will take to complete project goals:

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<tr>
<th>Task</th>
<th>Learning outcome achieved list number(s)</th>
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How many students attended this initial planning meeting?

Please list anyone who was unable to attend the meeting:

Everyone at this meeting agrees to this service-learning contract:  

Partner Signature: ________________________________ Date: ___________