



## COMMUNITY FIELD WORK LEARNING AGREEMENT

### ACTION ITEMS:

1. Complete form.
2. Sign and obtain mentor's signature.
3. Email completed form with signatures to Dr. Schelin within two weeks of the start of the internship.
4. Please keep a copy of this learning agreement and discuss it with your SKSM Academic Advisor.  
The hard copy will be placed in your student file at the end of the term.

Term: \_\_\_\_\_ Year: \_\_\_\_\_ # of Credits \_\_\_\_\_

### Student Information

Name: \_\_\_\_\_

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

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

Academic Advisor: \_\_\_\_\_

### Field Work Information

Work Site: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Mentor's Name: \_\_\_\_\_

Job/Title: \_\_\_\_\_

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

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Average Hours/Week: \_\_\_\_\_ OR Total Hours: \_\_\_\_\_

**General Description of the Student’s Role and Responsibilities at the Site**

Take as much space as needed or attach additional page(s).

**Student’s Learning Goals**

Take as much space as needed or attach additional page(s).

**Modes of evaluation: How will mentor and mentee regularly exchange feedback?**

Please note: SKSM will ask you to fill out a Midterm Evaluation Form (due the last day before Reading Week or at an otherwise designated midpoint) and a Final Evaluation form (due by the end of term). It is the student’s responsibility to make sure these forms are returned by the deadlines.

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mentor signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director of Contextual Ed Signature: \_\_\_\_\_

Date: \_\_\_\_\_