

**University of Central Oklahoma
Department of Biology
Service Learning Contract**

Community Partner Agency Name:

Community Partner Point of Contact Name:

Address:

Phone #: Fax #: Email:

UCO Capstone Coordinator Name:

Address:

Phone #: Fax #: Email:

Service Start Date: Service End Date:

Points of Contact - The individuals above are responsible for overseeing the student service project and resolving any problems that might arise.

Service Plan

Community Partner Responsibilities:

- Describe the work to be completed during this service-learning project and how it contributes to the agency & ensure that all activities are in compliance with all state and federal laws
- Assign a qualified person to supervise students who participate in the service
- Provide adequate training and supervision for the service-learning student
- Provide feedback on the service learner's performance
- Inform student to obtain any background checks if required
- Provide student with (or use the one provided by UCO) a waiver of liability to sign if required

Student Responsibilities:

- Attend training at site & serve the minimum time (45 contact hours) for duration of semester
- Call site if unable to make normal scheduled time
- Act in a professional manner at all times
- Notify points of contact if having problems with site or honoring commitment
- Keep track of hours throughout the semester
- Provide any background checks required by internship or the Service Learning Community Partner. The student will cover the cost of their background checks when required
- Complete any waivers required and provide community partner and Capstone Coordinator a copy
- Discuss with UCO Disability Support Services any needed accommodations

University Responsibilities (Capstone Coordinator):

- Provide guidance to help students relate their volunteer experience to their degree
- Check in with students to make sure service learning capstone experiences are going well
- Help students reflect (if needed) on their service and any societal issues they encounter

Description of the service including overall goals, needs, impact on the agency, student's responsibilities/tasks, and day(s) and time(s) of the week that service will take place.

Goals:

1:

2:

3:

Need(s) of Community Partner:

1:

2:

3:

Will a criminal history background check be required? Yes No
(student responsibility to obtain)

Is a waiver required? Yes No

Impact on Community Partner:

1:

2:

3:

Student Responsibilities/Tasks:

1:

2:

3:

Days of the week to be at site: Times of day to be on site:

To be completed by Community Partner Supervisor during progress check and at end of project.

Student Performance Rating:	Excellent	Good	Satisfactory	Poor
Quality of service provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality and attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Signature: Date:

Community Partner Point of Contact Signature: Date:

University Capstone Coordinator Signature: Date:

UCO Service-Learning Coordinator Signature: Date:

When complete, copies of this form are supplied to:

- 1. Student
- 2. Community Partner Point of Contact
- 3. UCO Biology Capstone Coordinator