



Department of Occupational Therapy

Student Learning Agreement

To the student: Complete Section 1 of this form and ask your professor to complete Section 2. Upon completion, make two copies: one for you and one for your professor.

Section 1. (to be completed by student)

Name _____ Phone _____

Email _____ Mailing Address _____

Service: Briefly describe the nature of your volunteer service work you will be doing and what led you to choose it.

Learning: What do you expect to learn from the experience? (e.g., increased understanding about the elderly, teaching methods for 6th grade children, increased knowledge of environmental issues, etc.).

Skills: What skills do you expect to develop from this experience? (e.g., communication skills, computer skills, writing, problem solving, teaching techniques, etc.)

I agree to devote at least 24 hours this semester between the dates of _____ and _____ at (community agency) _____ . I agree to document my hours with time sheets and I understand that my agency supervisor will complete an evaluation of my performance. I also agree to meet the academic or learning requirements that my professor has indicated in the next section in order to successfully complete my community service requirements.

Student Signature _____ Date _____
