



Gonzaga University

Service-Learning Project Learning Contract

Student Name:		
Local Address:		
Local Phone:	Student e-mail:	
Course: NURS 210: Growth and Development		
Instructor: Jane Tiedt	Phone Number: 323-6643	
Site (agency or organization):		
Supervisor:	Email:	Phone Number:
Days and times student will be at agency:		

What is Service-Learning?

Service-Learning is a teaching approach integrating academic instruction with community service that engages students in civic responsibility, critical and creative thinking, and structured reflection.

This Service-Learning Project LEARNING CONTRACT is designed to:

- Assist the student and agency in understanding the learning objectives for the course.
- Clarify the activities in which the student will be involved at the agency in relation to the learning objectives.
- Insure that both the student and the agency are aware of their responsibilities as partners in this service-learning project.

Course Learning Objectives (see syllabus)

1.
2.
3.
4.

Agency Objectives and/or Activities (Agency and student should collaborate here to meet course objectives)

1.
2.
3.
4.

Integration Plan (How will you, the student, connect your activities at the agency to your course content and vice versa? *Check out the assignments related to this project in your course syllabus.)

1.
2.
3.

What do you as a student hope to learn during this experience? (Personal Learning Objectives)

FINAL AGREEMENTS:

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 agency/school representative. I also agree to contact either my professor or the Service-Learning Coordinator should I have any concerns about my service-learning project.

Student Signature: _____ **Date:** _____

I agree to provide adequate training and supervision for the service-learning student, to plan activities for the student within the agency which meet the stated learning objectives for the student's course, and to complete necessary service-learning forms by due dates (learning contract and final evaluation). I also agree to contact the Assistant Director of CCASL at 323-6396 should I have any concerns about the service-learning project or student.

Agency Signature: _____ **Date:** _____

Approved by: _____
Professor's Initials

Service-Learning Coordinator: Molly Ayers -323.6487; ayers@gonzaga.edu
Assistant Director of CCASL: Todd Dunfield 323-6396; dunfield@gonzaga.edu



CCASL

Center for Community Action & Service-Learning