

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:

Name	Email	Phone
Partner liaison:		

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:

Task	Learning outcome achieved list number(s)

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: _____