

# LEARNING PROJECT PLAN

## Section I. Student Data

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

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

CSU Campus: \_\_\_\_\_

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

Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Degree pursued (i.e. Bachelor's, Master's): \_\_\_\_\_ Grade Level: \_\_\_\_\_

Major(s): \_\_\_\_\_

Minor(s), if any: \_\_\_\_\_

Campus Cumulative GPA: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

### For Statistical Purposes Only:

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Are you a veteran? \_\_\_\_\_ Are you disabled? \_\_\_\_\_

## Section II. Learning Project Data

Learning Site: \_\_\_\_\_

Learning Site Mentor Name and Title: \_\_\_\_\_

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

Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Section III. Course Data**

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_

Quarter/Semester and Year: \_\_\_\_\_ Number of Units: \_\_\_\_\_

Faculty Supervisor Name and Title: \_\_\_\_\_

Faculty Email: \_\_\_\_\_ Faculty Telephone Number: \_\_\_\_\_

**Section IV. The Learning Project Plan**

A. Description of Project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Objectives (*the following are completed collaboratively between EPA, CSU and the student*)

1. Project Objectives (list the primary duties and responsibilities): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Learning Objectives (describe how the primary duties and responsibilities support/further student's course work): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Total Internship Hours: \_\_\_\_\_ Number of Hours/Week: \_\_\_\_\_

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

Planned Work Schedule:

| <u>Days:</u>  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------|--------|---------|-----------|----------|--------|----------|--------|
| <u>Times:</u> |        |         |           |          |        |          |        |

**Section V. Responsibilities of EPA and CSU**

- A. EPA Learning Project Mentors and CSU Faculty Supervisors will review and discuss the Learning Project Plan to facilitate a mutual understanding about the goals, objectives and expectations about the project between EPA, CSU and the student.
- B. EPA Learning Project Mentors will guide and review the student’s work, certify that the student completed the Project and required work assignments, and submit a final evaluation of the student's achievement upon request by CSU.

**CSU Faculty Supervisor:**

- 1. I have reviewed and approve the Learning Plan set forth above. It is appropriate to the topics of the abovementioned course. I have reviewed the student's Internship and Learning Objectives and have determined that they constitute an appropriate Internship assignment and the timeframe, number of hours, and schedule are appropriate.
- 2. In the event that I am not able to serve as the CSU Faculty Supervisor for whatever reason, I will make a reasonable effort to locate a suitable replacement in my university.
- 3. I agree to provide assignments and guidance that will contribute to the student's ability to fulfill this Learning Plan Agreement.
- 4. I agree to discuss concerns the Learning Site Project Mentor, student, or Program Administration may have about this course and student.
- 5. I agree to grade the student on their work for this learning activity, which will be part of the student's academic record.

I have read, understand and agree to comply with these guidelines.

CSU Faculty Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CSU Faculty Supervisor Name and Title: \_\_\_\_\_

**Section VI: Student Participation Requirements**

- 1. I have reviewed and approve the Learning Plan set forth above.

2. I will devote \_\_\_\_\_ hours per week towards completion of the Internship and Learning Objectives listed in my Learning Plan Agreement for a total of \_\_\_\_\_ service hours, effective from \_\_\_\_\_ to \_\_\_\_\_ (“learning activity”). I agree to complete any paperwork and orientations required by my professor or site supervisor as part of this learning activity, including regular hour logs documenting the time spent on the learning activity.
3. I understand I must complete a final report, approved by my faculty supervisor and Learning Site mentor, documenting my project and my results during my learning activity. I also agree to complete a career profile on my EPA mentor, identifying their requisite skill sets and educational requirements.
4. I understand I am not an employee, officer, volunteer, or agent of the CSU.
5. I understand that while I am considered a “student volunteer” of the EPA, I am not an employee, officer or agent of the EPA.
6. I understand, as applicable, EPA may conduct a background check which may require that I submit fingerprints or other information and materials.
7. I understand that neither EPA or CSU is responsible for my transportation.
8. I understand that I may be dismissed from the Learning Project if the EPA or the CSU determines I am in violation of the standards, mission or goals of the Learning Project.
9. I understand and acknowledge that there are potential risks associated with this learning activity, some of which may arise from (a) my assigned tasks and responsibilities, (b) the location of the learning activity, (c) the physical characteristics of the Learning Site, (d) the amount and type of criminal activity or hazardous materials at or near the location of the learning activity, (e) any travel associated with the learning activity, (f) the time of day when I will be present at the Learning Site, (g) the criminal, mental and social backgrounds of the individuals I will be working with or serving, and (h) the amount of supervision I will receive. I further understand and acknowledge that my safety and well being are primarily dependent upon my acting responsibly to protect myself from personal injury, bodily injury or property damage.
10. Being aware of the risks inherent in this learning activity, I nonetheless voluntarily choose to participate in this learning activity. I understand that I may stop participating if I believe the risks become too great.
11. While participating in this learning activity, I will **(a)** exhibit professional, ethical and appropriate behavior; **(b)** abide by the Learning Site’s rules and standards of conduct, including wearing any required personal protective equipment; **(c)** participate in all required training; **(d)** complete all assigned tasks and responsibilities in a timely and efficient manner; **(e)** request assistance if I am unsure how to respond to a difficult or uncomfortable situation; **(f)** be punctual and notify the Learning Site in advance if I believe I will be late or absent; and **(g)** respect the privacy of the Learning Site’s clients. For purposes of this Supplement and its corresponding agreements, "clients" are defined as including, but not limited to, EPA's customers, agents, contractors, employees, volunteers, and representatives
12. While participating in this learning activity, I will not **(a)** report to the Learning Site under the influence of drugs or alcohol; **(b)** give or loan money or other personal belongings to a client; **(c)** make promises or commitments on behalf of EPA without prior approval from my Learning Project Mentor; **(d)** give a client or representative a ride in my personal vehicle; **(e)** engage in behavior that might be perceived as harassment of a client or Learning Site representative; **(f)** engage in behavior that might be perceived as discriminating against an individual on the basis of their age, race, gender, sexual orientation, mental capacity, or ethnicity; **(g)** engage in any type of business with clients during the term of my placement; **(h)** disclose without permission EPA or the Learning Site’s proprietary information, records or confidential information concerning its clients; or **(i)** enter into personal relationships with a client or Learning Site

representative during the term of my placement. I understand that the Learning Site may dismiss me if I engage in any of these behaviors.

- 13. I agree to contact the Program Administration at (909) 537-7681 if I believe I have been discriminated against, harassed or injured while engaged in this learning activity.
- 14. I understand and acknowledge that neither the University, EPA nor the Learning Site assumes any financial responsibility in the event I am injured or become ill as a result of my participating in this learning activity. I understand that I am personally responsible for paying any costs I may incur for the treatment of any such injury or illness. I acknowledge that the University recommends that I carry health insurance.
- 15. I understand I will be graded on my performance on this Internship, which will become part of my academic record.

I have read, understand and agree to comply with these guidelines.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/Guardian information required if student is under the age of 18:

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CSU/WRPI Representative**

I have verified that the student is enrolled not less than half time at a CSU campus. \_\_\_\_\_ (initial)

I  approve  disapprove the Learning Project Plan and the Student Placement.

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

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_