Community Colleges of Spokane
SERVICE LEARNING EDUCATION PLAN AGREEMENT

Student’s Name ___________________________ E-mail: ___________________________

Instructor ___________________________ Course and Section ___________________________

Community Agency ___________________________ Agency Phone ___________________________

Supervisor ___________________________

**PART ONE: EDUCATIONAL PLAN AGREEMENT**

Please complete this section, with the help of your agency supervisor, when your service learning begins.

Explanation of student’s educational goals and academic projects:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Description of service learning work or project for community agency:

________________________________________________________________________

________________________________________________________________________

Agency Supervisor’s Approval Signature ___________________________ Date ________________

**PART TWO: TIME SHEET**

Please track your hours, and submit this form to your instructor at the end of the quarter.

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<th>HOURS</th>
<th>SUPERVISOR’S INITIALS</th>
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Student I, ___________________________, completed ________ hours of service for this community agency.

Student’s Signature ___________________________ Date ________________

Agency I, ___________________________, supervised this student and confirm that he or she completed the project agreed upon.

Supervisor’s Signature ___________________________ Date ________________

I, ___________________________, acknowledge that this student’s service fulfilled the academic component for this course.

Faculty Member’s Signature ___________________________ Date ________________

Marketing and Public Relations