SERVICE-LEARNING

Site Assessment Form

Faculty are required to submit a Site Assessment Form at least **two weeks prior** to course start date.

Any Service Learning course without a Site Assessment Form on file will be removed from the current schedule.

|  |  |
| --- | --- |
| Semester, Year |  |
| Subject, Course Number: |  |
| Course Title: |  |
| Instructor: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Name: |  | | |
| Contact Person, Title: |  | | |
| Address: |  | | |
| Phone: |  | Email: |  |
| Website: |  | | |

|  |  |
| --- | --- |
| Organization Type: |  |
| Organization’s  Areas of Focus: |  |

|  |  |
| --- | --- |
| Organization Mission: |  |

|  |  |
| --- | --- |
| Project Description and Goals: |  |

|  |  |
| --- | --- |
| Professional Expectations (i.e. work expected of students relevant to project and service learning goals): |  |

|  |  |  |
| --- | --- | --- |
| **During my site assessment, I have…** | **Yes** | **No** |
| Confirmed the safety of the work site. |  |  |
| Learned the process for getting students the appropriate level of access for the building. |  |  |
| Discussed and identified the appropriate method and person for tracking student work hours. |  |  |
| Learned if UNO affiliates are allowed to take photos and or videos on site. |  |  |
| Shared my contact information with the appropriate people on site. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Partner Signature: |  | Date: |  |
| UNO Signature: |  | Date: |  |

**Upon completion, save a copy for your records then submit to Ryan Bell at** [**rabell@uno.edu**](mailto:rabell@uno.edu) **or via interoffice mail.**