

CSL Student Completion Form

FALL 2016

Instructions

The submission of this form is required to complete your CSL placement. This is the student's responsibility. Please arrange a meeting with your Community Partner **BEFORE DECEMBER 7TH** to discuss this form. PRINT THE FORM AND TAKE IT TO YOUR MEETING. You and your community partner will fill it out together. It is the student's responsibility to hand this form in to the instructor by the last day of class unless otherwise instructed by the instructor. The Instructor's review of this form may contribute to the student's overall performance in the course.

Student Name: _____ **Term:** _____
U of A ID: _____ **Email:** _____
Program/Faculty: _____ **Are you an International Student? Y or N**
Course Name and Instructor: _____
Name of Community Organization: _____

PART 1: Community Placement Expectations + Reflections (To be completed by the STUDENT)

1. I have completed the expectations of my community placement as outlined to me by my community partner.....

Yes ☐

No ☐

If No, please explain why:

2. Reflect on your learning experience. How did this experience link and inform your understanding of course content, social issues and the work of your community partner?

3. Consider the next steps for this project. What information or ideas might you communicate to an incoming CSL student or volunteer in order to facilitate the ongoing nature of the work?

PART II: Community Placement Expectations and Reflections: (To be completed by the COMMUNITY PARTNER)

<p>4. The student under my supervision will have completed at least 20 hours of service before the end of the term.....</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
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If No, arrangements for completion need to be made by the student in consultation with the community partner. The hours will be completed by _____ (date).

5. The student under my supervision has delivered the final project to my organization.....	Yes <input type="radio"/> No <input type="radio"/> N/A <input type="radio"/>
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In the case that deliverables are not finished at the time this form is completed, arrangements need to be made by the student to ensure final projects are received by the community partner in a timely manner.

6. Please take this opportunity to provide feedback on the student's CSL experience (*optional*). This feedback will be shared with your student, the instructor and the CSL office.

If you wish to provide feedback directly to the CSL office, please email your Partnership Coordinator.

Student Signature:	Date:
Community Partner Signature:	Date:

Instructor Comments (Optional):

Instructor Signature: _____

*Instructors are asked to return this form to the CSL office before **DECEMBER 7TH, 2016***

The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act for authorized purposes including admission and registration; administration of records, scholarships and awards, student services; and university planning and research. Student's personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance associations, and contracted or public health care providers as required. Personal information is protected under the Alberta Freedom of Information and Protection of Privacy Act. For further information contact the Administrative Director, Administration, Interdisciplinary Studies, Community Service-Learning and the Centre for Writers, Suite 400, Arts & Convocation Hall, Faculty of Arts, University of Alberta or call 780.492.9557.