



## LEARNING PLAN

- **Student:** (1) Please complete this Learning Plan with your site supervisor and submit to your course instructor for approval.
- **Learning Site:** Please complete and review with student and retain a copy for your referral.
- **Course instructor/Academic Internship and/or CSL Coordinator:** A signed copy of this learning plan (includes Student's Consent to Participate & Waiver of Liability) will be retained by ICCE for a period of 7 years per Academic Senate Policy S17-278. Please submit learning plans to ICCE at email: [icce@sfsu.edu](mailto:icce@sfsu.edu) | HSS 206

### SECTION I: COURSE INFORMATION

Course Title: \_\_\_\_\_ Instructor Name: \_\_\_\_\_  
Instructor Email: \_\_\_\_\_ Office Telephone Number: \_\_\_\_\_  
Semester / Year Enrolled: \_\_\_\_\_ Type Experience: Academic Internship      Service Learning  
Additional information specific to department/course: \_\_\_\_\_  
\_\_\_\_\_

### SECTION II: LEARNING PLACEMENT SITE INFORMATION

Learning Placement Site (Organization Name): \_\_\_\_\_  
Site Supervisor/Mentor Contact Name: \_\_\_\_\_  
Site Supervisor/Mentor Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Please provide a brief description of your organization:**

**Indicate type of organization:**

Private/Corporate sector      Non-profit, 501(c)3 or related  
Government Agency (local, state, federal)      Other: \_\_\_\_\_

**Will the student be compensated?**

Paid (weekly, hourly, stipend, etc)      Unpaid      Unknown at this time  
Other benefits available: \_\_\_\_\_

**SERVICE/WORK OBJECTIVES:** Summarize the student's primary responsibilities/the type of work that the student will be doing, and the specific tasks to be completed by the end of the internship or service learning project/service.

**LEARNING OBJECTIVES:** Provide a brief description of the skills and experience the student can expect to gain from the internship or service learning project/service that makes this a learning experience meriting academic credit (e.g. what will the student learn that the student may not already know? What skills or experience can the student expect to gain from the mentorship/supervision provided?)

**WORK SCHEDULE:** The student is expected to complete a minimum of \_\_\_\_\_ hours at the host site as required by this course/department/program. The student and site supervisor should agree on a regular schedule and work space.

**ADDITIONAL INFORMATION SPECIFIC TO COURSE/DEPARTMENT OR PROGRAM:** Please attached any additional items, requirements, etc.

**SIGNATURES:**

**Student**

I agree to devote \_\_\_\_\_ hours per week for a total of \_\_\_\_\_ hours effective from \_\_\_\_\_ (start date) to \_\_\_\_\_ (end date) in order to fulfill the work and learning objectives described above. I agree to complete any paperwork and orientations required by my course and/or site supervisor as part of this placement, as well as other other course requirements.

*Note: If you are taking a University designated community service learning course and your instructor approves, the hours (a minimum of 20 hours) you completed are recorded on your Official Transcript. For more information, please contact ICCE.*

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

**Site Supervisor**

As on-site supervisor/co-educator, I agree to guide this student's work and submit any requested items (e.g. evaluation, department/program specific requirements, etc.) upon request of the course instructor/academic department. Should I have any questions/concerns, I can contact the course instructor.

Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructor**

I have reviewed and approved this learning plan for the student, course, and site as stated above.

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTN: STUDENT- PLEASE CONTINUE AND COMPLETE SECTION III: STUDENT DATA AND REVIEW AND SIGN RELEASE LIABILITY FORM**

### SECTION III: STUDENT DATA

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

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

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

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

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

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

#### **PARTICIPATION GUIDELINES / CONSENT TO PARTICIPATE – PLEASE READ CAREFULLY**

1. I agree to participate in responsible manner at the Learning Placement Site and to abide by all rules governing my learning activity. I will not drive a vehicle as part of my learning activity as opposed to and from the activity site.
2. 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.
3. I have discussed the risks associated with this learning activity with my site supervisor at the Learning Placement site. 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.
4. 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 if I believe I will be late or absent; and (g) respect the privacy of the Learning Site's clients.
5. 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 to a client I cannot keep; (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 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.
6. I agree to contact my course instructor and the University's Institute for Civic and Community Engagement Associate Director at (415) 338-3282 if I believe I have been discriminated against, harassed, or injured while engaged in this learning activity.
7. I understand and acknowledge that neither the University 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.
8. I understand that I may request reasonable accommodations based on disability in order to receive access to the Learning Objectives indicated above for this Learning Site. I understand in order to request reasonable accommodations; I must contact the SF State Disability Programs and Resource Center (DPRC) at (415) 338-2472/VP (415) 335-7210 or [dprcemp@sfsu.edu](mailto:dprcemp@sfsu.edu) to facilitate this request. Further, I understand it is to my benefit to make this request as soon as possible and prior to the start of my placement; however, requests may be made at any time. SF State University is responsible for ensuring approved reasonable accommodations are available at my Learning Site. Learning Sites may directly provide reasonable accommodations with appropriate verification form the DPRC.

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

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

Required if student is under the age of 18:

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

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



**SAN FRANCISCO  
STATE UNIVERSITY**

ENTERPRISE RISK MANAGEMENT  
1600 Holloway Avenue, ADM 260  
San Francisco, CA 94132-4260  
Tel: 415/338-2565  
Fax: 415/338-0597  
erm.sfsu.edu

Dear \_\_\_\_\_:

You are currently requesting to participate in an internship for academic credit with a Learning Site that has not been approved by San Francisco State University\*.

Approved Learning Sites have executed a formal Learning Placement Site Agreement (LPSA) with the University. The LPSA outlines the roles and responsibilities of the agency at which students will be interning. An executed LPSA also serves to activate the Student Academic Field Experience for Credit Liability Insurance Program (SAFECLIP), which provides general and professional liability coverage for students.

Standard practice dictates that LPSA's be signed by both the Learning Site and the University prior to students being placed on-site for an internship. Though the University strongly discourages your participation in an internship opportunity prior to receipt of a signed LPSA, we understand that students sometimes come across unique and highly beneficial internship opportunities at Learning Sites, which may not be able to execute a LPSA prior to placement.

If you wish to enter into an internship opportunity to receive academic credit prior to receipt of the executed LPSA, you understand and acknowledge that insurance coverages intended to protect you from risks inherent in most internship opportunities cannot be extended to you by the University's insurance program administrators until receipt of the signed LPSA.

Note that if during the course of performing its assessment of the Learning Site, the University deems the internship site unsafe, the University reserves the right to remove its students from the internship opportunity immediately and will work with you to find an alternate method of meeting the course requirements for academic credit.

Understand that the California State University assumes no liability for damage, injury, and death, which may occur during your participation in this internship. Your participation in the program is voluntary, and you participate at your own risk.

You will be required to sign a "Release of Liability, Promise not to Sue, Assumption of Risk and Agreement to Pay Claims" statement. Please review the statement carefully before signing it. If you have any questions about this advisory or the statement, please feel free to contact Enterprise Risk Management at (415) 338-2565.

My signature below acknowledges that I have read this advisory in its entirety and understand its purpose.

\*The Institute for Civic & Community Engagement (ICCE) is SF State's department liaison in completing Risk Management for internships & service-learning sites.

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

Course: \_\_\_\_\_ Semester: \_\_\_\_\_

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## ENTERPRISE RISK MANAGEMENT

1600 Holloway Avenue, ADM 260  
San Francisco, CA 94132-4260

Tel: 415/338-2565  
Fax: 415/338-0597

### RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: \_\_\_\_\_

Activity Date(s) and Time(s): \_\_\_\_\_

Activity Location(s): \_\_\_\_\_

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** the State of California, the Trustees of the California State University, San Francisco State University and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**



ENTERPRISE RISK MANAGEMENT

1600 Holloway Avenue, ADM 260  
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Tel: 415/338-2565  
Fax: 415/338-0597

I understand that this document is written to be as broad and inclusive as legally permitted by the state of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_

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

***If Participant is under 18 years of age:***

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

\_\_\_\_\_  
Signature of Minor Participant's Parent/Guardian

\_\_\_\_\_  
Name of Minor Participant's Parent/Guardian (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Participant's Name

\_\_\_\_\_  
Date of Birth