

**MIAMI-DADE COMMUNITY COLLEGE
Center For Community Involvement**

Service-Learning Site Approval Form

*Any student who wishes to complete his/her service-learning placement at an agency not included on the M-DCC Center for Community Involvement list of approved sites must have the agency supervisor complete this form, **receive approval from the professor and the Center Director**, and then return it to the Center for Community Involvement prior to beginning the placement.*

Name of M-DCC Student: _____ Phone Number: _____

Name of Professor & Course: _____

Name of Proposed Agency: _____

Name of Agency Supervisor: _____ Phone Number: _____

Dear Agency Supervisor,

*The student named above is requesting permission to complete his/her service-learning placement at your agency. In order to maintain the highest possible standards for our program, **we kindly request that you review the following information about service-learning to ensure that this placement is appropriate.***

Service-learning is the combination of academic coursework with carefully planned, meaningful service that provides direct benefits to the community. The goals of service-learning are:

- X to enhance classroom learning (i.e., to connect theory with real world applications)
- X to provide direct service that benefits the community
- X to promote service, citizenship and a sense of caring for others

In order for this placement to be approved, you must be able to answer yes to all the following questions (**please T**):

- ___ This student is not an employee of my agency/organization
- ___ The service this student will provide will directly benefit our community
- ___ This experience will help the student better understand the needs of our community and how he/she can help make a difference
- ___ The service this student will provide will contribute to his/her personal and professional development (i.e., the service will be meaningful and challenging)
- ___ My agency will provide a safe working environment, orientation, and on-going support to the student.

I have reviewed the information provided in this form and am confident that the service experience our agency will provide this student is in line with the goals of service-learning.

Agency Supervisor Signature Date

Professor's Approval Date _____ Date
Center's Director's Approval

If you have questions, please call one of the Centers for Community Involvement listed below:
Kendall/Homestead Campus: 305-237-0859 (Director: Ossie Hanauer)
North Campus: 305-237-1820 (Director: Abby Powell)
Wolfson/Medical/InterAmerican Campus: 305-237-3848 (Director: Luciano Ramos)

***THIS FORM MUST BE ACCOMPANIED BY THE SERVICE-LEARNING
APPLICATION AND CONTRACT***