



MDC Institute for Civic Engagement and Democracy

Service-Learning Contract



Student and Course Information

Student's Name: _____ (ID# _____)	Professor's Name: _____		
Course ID: _____	Reference #: _____	Semester: _____	Campus: Hialeah
Student's Phone: _____	Student's Email: _____		

Agency Information

Agency Name: MDC Hialeah Learning Resources	Contact Person: Angel Hernandez
Address: 1780 West 49th Street Hialeah FL 33012	Phone Number: 305-237-8523

Directions: Students must discuss and complete the portion below with the agency supervisor.
Bring your course syllabus to review with the agency supervisor.

1. Describe the types of activities that you will engage in at this agency:

2. How do these activities relate to your service-learning course?

3. How many hours will you serve at this agency? : ____ Start Date/Orientation: _____

Days and times that you will serve at this agency: _____

Contract Agreement

The Miami Dade College service-learning student agrees to act in a professional manner and to respect the rules and policies governing the agency where his/her service-learning project is completed.

The agency supervisor recognizes the important role that his/her agency plays in educating service-learning students and will strive to assign tasks and activities to help enhance student learning. The agency agrees to provide the student with appropriate supervision, a safe work environment and to complete student forms in a thoughtful and timely manner.

I agree to, and will uphold, the terms of this placement.

Student Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Supervisor Full Name (Printed): _____ Phone Number: _____

Submit completed form as directed by your professor.



S-L Hour Report & Student Evaluation

Student and Course Information

Student's Name: _____ (ID# _____)		Professor's Name: _____	
Course ID: _____	Reference #: _____	Semester: _____	Campus: Hialeah
Phone Number: _____		E-mail: _____	

Supervisor Information

Agency Name: MDC Hialeah Learning Resources	
Supervisor's Name: Angel Hernandez	Phone Number: 305-237-8523

Date	IN	OUT	Supervisor Signature	Hours

Agency Supervisor: Please evaluate the student in the areas listed below.
The responses provided may be used by instructors to determine student grades and will also appear on the student's service-learning transcript.

	Excellent	Good	Fair	Poor
Attendance/Punctuality				
Attitude				
Quality of Work				
Initiative				
Overall Performance				

Additional Comments (please write clearly):

Total Hours Completed: _____

NOTE: Are you using the same hours for multiple courses ("double-dipping")? Yes* ___ No ___
 * If "Yes", you MUST receive approval from all professors, register online for each course, AND identify below for which courses you will be double-dipping hours.

For which course(s)? Course ID: _____ Reference #: _____ Professor: _____
 Course ID: _____ Reference #: _____ Professor: _____

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor Printed Name & Title: _____

Submit completed form as directed by your professor.
Remember to complete the online survey by logging back in 'www.mdc.edu/ci' to view your service history.