

Community Service Learning Placement Information Form

Instructor: Dr. Kimberly King
California State University at Los Angeles

Student: Please complete this form in consultation with your placement supervisor and return the original to Dr. King. Make a copy for your supervisor, and keep a copy for yourself.

STUDENT INFORMATION

Student Name _____ Major _____

Mailing Address _____

Phone Number _____ Email _____

COMMUNITY AGENCY/ORGANIZATION INFORMATION

Agency/Organization Name _____

Mailing Address _____

Purpose of Organization (Activities Conducted/Services Provided):

PLACEMENT INFORMATION

What will the student's duties be? _____

Supervisor's Name _____ Title _____

Phone Number _____ Email _____

Best way to reach the supervisor? _____

The student's beginning date is _____ and ending date will be _____.

What days and hours will the student work? _____

Dear Supervisor,

Thank you for your participation in our service learning program. By signing below, you are confirming that the student named above will be working with your organization/agency for at least 36 hours (including training) by November 30,2001.

Supervisor's Signature

Date

*Thanks again for participating in this mutually beneficial learning experience!
Feel free to contact me with any questions or concerns.*

Sincerely,



Dr. Kimberly R. King

Assistant Professor

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California State University at Los Angeles

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