### LEARNING COMMITMENT

### COVER SHEET

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACEMENT INFORMATION:

ORGANIZATION NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF SERVICE SUPERVISOR OR COORDINATOR FOR SITE VISIT BY INSTRUCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR/COORDINATOR’S PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROPOSED DATES AND LENGTH OF SERVICE:

DATE AND TIMES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE AND TIMES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE AND TIMES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR A TOTAL OF \_\_\_\_\_ HOURS.

SIGNATURES:

STUDENT ­­­­­­­­­­­­­­­­­­­­

(Signature) (Date)

INSTRUCTOR ­­­­­­­­­­­­­­­­­­­­ (Dr. Humiston)

(Signature) (Date)

* Attach evidence of your service commitment, such as email communications or website registrations. (See next page for more information).
* Due to UCF’s Youth Protection Plan of 2019, **experiential learning projects related to the care, custody, control, education, recreation, or any other services, activities, or interactions with children 17 years old or younger on UCF campuses or at UCF-affiliated off-campus programs will require background checks through the sponsoring organization**. For more information about UCF’s Youth Protection Program, see <https://compliance.ucf.edu/article-1-march-2019/>

On this page, you must attach the evidence of your service commitment. Written evidence is preferred.

* It is likely that **you** need to send the volunteer coordinator an email to confirm your service. Be sure to include the following:
  + The dates and times of your service
  + A brief description of your duties
  + Ask the coordinator to reply with a confirmation and include the reply as your evidence
* If you made an appointment online through the organization’s website, insert a picture of the commitment you made online.

If you are unable to obtain any kind of written evidence of your commitment, you need to provide photographic evidence.

* On this Learning Commitment:
  + You will need to explain why you are unable to use written evidence of your service.
  + You will need to explain how you will include several photos throughout the 15-hours of service to be included in your Journal

Please delete the instructions on this page for your Learning Commitment submission. – Thank you!

### WORKSHEET FOR LEARNING COMMITMENT\*

STUDENT NAME:

NID:

# Goals

1. Long-Term Goals

2. Intermediate Goals

3. Short-Term Academic Goals for this Course

# Learning Plan

A. Learning Objective

B. Activities and Experiences

C. Resources to be Consulted

D. Method for Assessing Progress

\* The Learning Commitment Cover sheet and Worksheet is your ***plan*** for experiential learning and consulting other resources.

* Your plan must be submitted and approved by the instructor ***prior*** to performing your experiential learning.
* If your plan is not approved prior to performing your experiential learning, you risk performing services that will not be approved by the instructor.

\* Once your Learning Commitment is approved by your instructor, you may begin and complete your experiential learning activities.

\* Your experiential learning services are to be performed and completed for the “Reflective Journal Entries”.

* The purpose of the journal entries is to facilitate your learning experiences and reflections.

If your Learning Commitment plan requires photographic evidence of your service, as approved by the instructor, you will need to include several photos throughout the experiential learning process. The photos are then included in the Journal entries.