**CSL Student Completion Form  WINTER 2019**

**Instructions**
The submission of this form is required to complete your CSL placement. This is the student’s responsibility. Please arrange a meeting with your Community Partner BEFORE APRIL 12\textsuperscript{TH} to discuss this form. PRINT THE FORM AND TAKE IT TO YOUR MEETING. You and your community partner will fill it out together. It is the student’s responsibility to submit the form to the Instructor during the last week of classes. The Instructor’s review of this form may contribute to the student’s overall performance in the course.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>_______________________________</th>
<th>Term:</th>
<th>_______________________</th>
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</thead>
<tbody>
<tr>
<td>U of A ID:</td>
<td>_______________________________</td>
<td>Email:</td>
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<tr>
<td>Program/Faculty:</td>
<td>_______________________________</td>
<td>Are you an International Student?</td>
<td>Y or N</td>
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<tr>
<td>Course Name and Instructor:</td>
<td>_______________________________</td>
<td>Name of Community Organization:</td>
<td>_______________________________</td>
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**PART 1: Community Placement Expectations + Reflections (To be completed by the STUDENT)**

1. I have completed the expectations of my community placement as outlined to me by my community partner................................................................. [Yes] [No]

   If No, please explain why:

   

2. Reflect on your learning experience. How did this experience link and inform your understanding of course content, social issues and the work of your community partner?

   

3. Consider the next steps for this project. What information or ideas might you communicate to an incoming CSL student or volunteer in order to facilitate the ongoing nature of the work?

   

PART II: Community Placement Expectations and Reflections: (To be completed by the COMMUNITY PARTNER)

4. The student under my supervision will have completed at least 20 hours of service before the end of the term. 

| Yes ☐ No ☐ |

If No, arrangements need to be made by the student in consultation with the community partner. The hours will be completed by ________________ (date).

5. The student under my supervision has delivered the final project to my organization.

| Yes ☐ No ☐ N/A ☐ |

In the case that deliverables are not finished at the time this form is completed, arrangements need to be made by the student to ensure final projects are received by the community partner in a timely manner.

6. Please take this opportunity to provide feedback on the student’s CSL experience (optional). This feedback will be shared with your student, the instructor and the CSL office.

If you wish to provide feedback directly to the CSL office, please email your Partnership Coordinator.

Student Signature: ____________________________ Date: ______________

Community Partner Signature: ______________________ Date: ______________

Instructor Comments (Optional):

____________________________________________________________________

Instructor Signature: ____________________________________________

INSTRUCTORS are asked to return this form to the CSL office before APRIL 18TH, 2019

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