



starr king

school for the ministry

COMMUNITY FIELD WORK LEARNING AGREEMENT

TERM _____ YEAR _____ CREDITS _____

Student Information

Name: _____ Phone: _____

Address: _____

E-mail: _____ Academic Advisor: _____

Field Work Information

Work Site: _____ Phone: _____

Address: _____

Mentor's Name: _____ Job/Title: _____

Phone: _____ E-mail: _____

Start Date: _____

Average Hours/Week: _____ **OR:**

End Date: _____

Total Hours: _____

General Description of the Student's Role and Responsibilities at the Site (Please, take as much space as needed or attach additional page/s)

Student's Learning Goals

(Please type here or add additional typed pages)

Modes of evaluation:

How will mentor and mentee regularly exchange feedback?

Please note that SKSM will ask you to fill out a simple Midterm Evaluation Form (due the last day before Reading Week or at an otherwise designated midpoint) and a Final Evaluation form (due by the end of term). It is the responsibility of the student to make sure these forms are returned by the deadlines.

Student signature: _____ **Date** _____

Mentor signature: _____ **Date** _____

Please return to:

Rev. Dr. Christopher Schelin
Director of Contextual Education
cschelin@sksm.edu

Director of Contextual Ed: _____ **Date** _____

signature

Note to student: It is the responsibility of the SKSM student/mentee to return this form to Dr. Schelin within two weeks of the start of the internship. Please keep a copy of this learning agreement and discuss it with your SKSM Academic Advisor. The hard copy will be placed in your student file at the end of the term.