

**Regis University – RHCHP  
Service Learning Plan**

**Purpose:** This document is intended to be a tool for students to help guide and enhance their service learning experience. Students should spend some time reflecting on what they hope to accomplish during their service learning experience. This form provides an opportunity to articulate three specific objectives related to personal and professional development. Identified objectives for individual students may vary based on past experience and different expectations that they may have. The objectives identified on this form should also be used as a reference by students and course faculty to more effectively assess and evaluate the service experience. This form must be completed for any course with a service learning component.

**Student Name:** \_\_\_\_\_ **Instructor:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Program (Circle One):**

Pre-Nursing	Accelerated	Traditional	CHOICE	RN-BSN
MSN	DNP	Pharmacy	HCA/HSA	DPT

**Semester:**    Fall        Spring        Summer        **Year:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

**Name of Agency/Organization:** \_\_\_\_\_

**1. In brief, describe the focus of your service learning experience:**

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**2. State three learning objectives for this course in relation to the service experience (make them S.M.A.R.T. - Specific, Measureable, Attainable, Realistic, and Timely)**

I. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT:** When signing the Service Learning Plan, you agree to assume the following responsibilities:

1. Perform, to the best of my ability, the tasks asked of me by the Community Partner and Instructor.
2. Know that it is my responsibility to be sure that the specific work that I am doing with the Community Partner fulfills course requirements and that I must be the one to take action and speak with the agency and/or faculty immediately if I find this to not be the case.
3. Follow all the rules, regulations, and normal requirements for service with this Community Partner, paying special attention to dress codes and procedure for reporting absences and illness.
4. Notify the RHCHP Center for Service Learning and my faculty of any changes I need to make to this plan or of any problems that may develop during the service learning experience.

**Signatures:**

\_\_\_\_\_  
Student

\_\_\_\_\_  
Instructor