**CBL Student and Site Supervisor Learning Agreement**

**Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CBL Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CBL Course\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Questions for the STUDENT:***

1. What do you hope to learn from your involvement in this agency?
2. How do you think you can contribute to the agency?
3. What guidance do you hope to receive from your supervisor?
4. What specific information would you like to receive in order to feel oriented to the site?

***Questions for the SUPERVISOR in consultation with the STUDENT:***

1. What do you hope and expect the student to learn from their involvement at your agency?
2. What would you like for the student to know about your agency prior to their involvement?
3. Please list the tasks and work you hope your student will perform at your agency during the semester:

(over)

1. Please indicate what the student can expect from you in terms of guidance and supervision:
2. Indicate the student’s **schedule** (day(s) of the week and time(s) the will be expected to arrive at and depart from the agency). **Any scheduling changes are at the discretion of the supervisor and must be approved in advance**.
3. Describe your policies on punctuality, absences and missed shifts, and make-up time.\*

**\*NOTE**: Holy Cross students are not required to be at their placement during Holy Cross breaks and holidays. The last day students are expected to be at their sites is the last day of classes. Please visit our website for a detailed calendar: <http://www.holycross.edu/engaged-learning/donelan-office-community-based-learning>.

**CBL Student:**  I agree to all of the specific arrangements outlined above regarding learning goals, orientation, placement work, volunteer schedule, and supervision.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CBL Community Partner**: I agree to all of the specific arrangements outlined above regarding learning goals, orientation, placement work, volunteer schedule, and supervision.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please be sure to each keep a copy for your records.*