

RHCHP Pre-Service Learning Plan

Purpose: This document is intended to be a tool to help guide and enhance your service learning experience. Spend some time reflecting on what you hope to accomplish during your service learning experience. This form provides you with an opportunity to articulate specific objectives related to your own personal and professional development. Your identified objectives may vary from other students based on your past experiences and different individual expectations. Please complete this form for each course that has a service learning component and/or as a proposal for an independent service learning project for your course (post-licensure nursing only). Submit form to your faculty member (prior approval for “proposals” is required prior to start of service learning hours).

Student Name:	Instructor Name:									
Email:	Home Phone:									
Program (Highlight One):	Pre-nursing	Accelerated	Traditional	CHOICE	RN-BS	MSN	FNP	NNP		
	DNP	Pharmacy	HSE	DPT	HES	Counseling/MFT	OT			
Semester (Highlight One):	Fall	Spring	Summer	Year:						
Course Title:										
Name of Proposed Agency/Organization:										
Agency/Organization Address:										
Agency/Organization Website (web address):										
Name of Supervisor at Agency:					Title of Supervisor:					
Supervisor Phone:					Supervisor Email:					

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

2. What is the primary population you will serve and how will they benefit?

3. How do you think you will benefit from this experience?

4. Develop three objectives for your service learning with this population (make your objectives S.M.A.R.T. – Specific, Measurable, Attainable, Realistic, and Time-limited).

Signatures:

Student Signature: _____ **Printed Name:** _____ **Date:** _____

Instructor Signature: _____ **Printed Name:** _____ **Date:** _____