**Learning Site Self-Assessment Form**

**Organization Name: Website:**

**Partnership Contact: Title:**

**Contact Email: Contact Phone:**

**Address:**

Street Address City State Zip

**Directions**: This form should be completed by a knowledgeable representative of the Learning Site who is intricately familiar with the organization’s safety policies & procedures and the potential learning activities that CSU students will be engaged in as part of their service-learning experience.

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| --- | --- | --- |
| **SUPERVISION:** Will the students be supervised less than 50% of the time or will the supervisor be responsible for overseeing more than 8 people? | ☐ NO | ☐ YES |
| **POPULATION SERVED:** Will the students be left alone if/when working with behaviorally challenged or vulnerable populations (minors, elderly or people living with a disability)? | ☐ NO | ☐ YES |
| **POPULATION SERVED**: Will the students be working with individuals who have a known criminal background or history of violent behavior? | ☐ NO | ☐ YES |
| **LEARNING SITE LOCATION:**  Would the location be described as a high-crime area?  Are there concerns about the parking and work areas being secure or adequately illuminated? | ☐ NO ☐ NO | ☐ YES ☐ YES |
| **CRIMINAL ACTIVITY:** Have there been any incidents of criminal activity (i.e., assault, battery), at the organization within the last year? | ☐ NO | ☐ YES |
| **KNOWN HAZARDS:** Are there concerns with the site’s physical location, such as physical, environmental, or inherent hazards that are not addressed adequately by training and security measures? | ☐ NO | ☐ YES |
| **KNOWN HAZARDS:** Does the placement require working with any hazardous materials, heavy equipment, or heavy machinery? | ☐ NO | ☐ YES |
| **EMERGENCY PLAN:**  Are there any concerns as to the Learning Site’s Emergency Plan or regarding non-working fire-rated doors or blockages to the exits and hallways? Does the site have an emergency plan?  If so, will the site review their emergency plan with the student during orientation? | ☐ NO ☐ NO ☐ NO | ☐ YES ☐ YES ☐ YES |
| Is there anything else not covered that might impact the safety and well-being of the students? | ☐ NO | ☐ YES |
| **Additional Site Comments** | | |