

**STUDENT PROPOSAL FOR FYCS
PRACTICUM LEARNING EXPERIENCE
FYC 4941**

Directions: Complete all sections of this form and obtain agency signatures prior to submitting to your FYCS faculty advisor. Allow at least one week for review by your advisor. When approved, the advisor will sign and submit the proposal to the Practicum Coordinator who will then enroll students in the course. Students may enroll for two or three hours of credit for this practicum. Two credit hours will require 160 hours of agency contact and three hours requires 300 hours. **All signatures must be recorded before this practicum can begin.**

Semester Completing Practicum: Fall ___ Spring ___ Summer ___ Credit: 2hrs. ___ 3hrs. ___

Student Name: _____ UF ID _____

Address During Practicum: _____

Phone Number: _____ E-mail: _____

Major: _____ Minor or AOS: _____

Agency/Employer Name: _____

Agency/Employer Address: _____

Immediate Agency Supervisor: _____

Agency Phone Number: _____ E-mail: _____

Proposed Dates of Experience: _____ Terms of Employment: Wages ___ Volunteer ___

Description of organization/agency:

Duties of student:

Note: Assigned duties may be changed subject to approval by the faculty advisor and agency supervisor.

Learning goals and objectives (to be developed in collaboration between student, site supervisor and faculty advisor):

Student: I agree to...

- Perform my respected duties to the best of my ability.
- Adhere to organizational rules and procedures, including record-keeping requirements and confidentiality of organization and client information.
- Be open to supervision and feedback, which will facilitate learning and personal growth.
- Complete a total of (check one) 160___ or 300 ___hours of service from the time period beginning ___ (mo), ___ (day) and ending ___ (mo), ___ (day). If specific days and hours are agreed upon, they are listed as follows:
M ___ T ___ W ___ TH ___ F ___
- Meet time and duty commitments or if I cannot attend, to provide 24 hours notice so that alternative arrangements can be made.
- Inform my agency supervisor and/or faculty advisor of any concerns related to my practicum experience.
- Complete additional assignments as described in the current FYC 4941 Course Syllabus in a satisfactory manner. (Note: This is a non-graded course. Students receive an S or U.)

"Students, the agency you will be working with may require a background check. If one is required please request that the agency start the process early enough so that you may begin the practicum as early in the semester as is necessary to complete the required number of hours"

Note: It is the student's responsibility to confirm that the site is approved by the Center for Leadership and Service (CLS). <http://uf.floridacompact.org>
If the site is not listed contact CLS for instructions to approve the site.
352-392-1261, Ext. 4

I have read the above and agree to abide by these terms and the UF Code of Conduct during the period of my practicum assignment.

Student signature: _____ **Date:** _____

Site Supervisor: I agree to...

- Provide adequate information and training for the practicum student including information about the organization's mission, clientele and operational procedures.
- Provide adequate supervision to the practicum student and provide feedback on performance.
- Provide meaningful tasks related to skills, interests, and available time.
- Provide appreciation and recognition of the student's contribution.
- Assure that adequate work times are available for student to complete the practicum in the agreed upon timeframe (160 hours for two credit hours or 300 hours for three credits).
- Provide liability insurance for the students in accordance with agency policy for all employees. Such protection includes, but is not limited to, coverage for student volunteers under the comprehensive general liability insurance policies of the Office of Community Service.
- Include student in Worker's Compensation pool.
- Inform student of any potential risks involved with completing the duties assigned as part of this practicum experience.
- Sign the "Final Report" form noting completion of the required hours by the stated deadline.

A "Memorandum of Understanding" (MOU) regarding the use of student volunteers has been submitted to the Center for Leadership and Service (CLS). Check one: YES ___ NO ___
(If an MOU has not been filed by your agency please contact the Center for Leadership and Service (CLS) at (352) 392-1261, Ext. 4 for the appropriate forms.)

Signatures:

Direct Agency Supervisor _____ Date _____

Agency Director (if required by agency) _____

FYCS Faculty Advisor: **NOTE All non profit minors should see Dr. Bolton for approval, contact 392-2201 ext. 307**

I have reviewed this practicum proposal and the student is approved to begin contact hours for FYC4941 effective date _____.

The agency/site has (not) been approved under the guidelines of the Center for Leadership and Service (CLS). Please check one: Site approved _____ Site not approved _____.

Request MOU to be completed for this site: _____

Faculty Advisor Signature: _____ **Date:** _____

Phone: _____ E:mail _____

Address: University of Florida, PO BOX 110310, Gainesville, FL 32611-0310

Practicum Coordinator Signature: _____

Date received: _____

Date enrolled: _____