

Learning Site Self-Assessment Form for HSU Service Learning & Academic Internships

Exhibit B

Organization Name: _____

Website: _____

Organization Contact Name: _____

Title: _____

Contact Email: _____

Contact Phone: _____ Fax: _____

Address: _____
Street Address
City
State
Zip

Directions: This form should be completed by an authorized 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/ Academic Internship experience.

SUPERVISION: Will the students be supervised less than 100% of the time?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Will the supervisor be responsible for overseeing more than 8 people?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
POPULATION SERVED: Will the students be working with “behaviorally challenged” populations?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Will students be working unsupervised with minors?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
POPULATION SERVED: Will the students be working with individuals who have a known criminal background or history of violent behavior?				<input type="checkbox"/> NO	<input type="checkbox"/> YES
LEARNING SITE LOCATION: Would the location be described as a high-crime area, or are there concerns about the parking and work areas being secure or adequately illuminated?				<input type="checkbox"/> NO	<input type="checkbox"/> YES
CRIMINAL ACTIVITY: Have there been any incidents of criminal activity at the organization within the last year?				<input type="checkbox"/> NO	<input type="checkbox"/> YES
KNOWN HAZARDS: Are there concerns with the site’s physical location; such as physical, environmental, accessibility concerns, or inherent hazards that are not addressed adequately by training and security measures?				<input type="checkbox"/> NO	<input type="checkbox"/> YES
KNOWN HAZARDS: Does the placement require working with any hazardous materials, heavy equipment, or heavy machinery?				<input type="checkbox"/> NO	<input type="checkbox"/> 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?				<input type="checkbox"/> NO	<input type="checkbox"/> YES
If you have answered “yes” to any of the above, please explain below (please use additional page if necessary):					

Logistics

Will students be working under supervision? Who is the Supervisor?	
Will students be working at alternate sites? If yes, an additional Site Assessment form is required.	
What is required for students prior to starting? Fingerprinting? Background checks? TB test? Who pays for this?	
Who should university contact in case of emergency?	
Please provide a brief description of activities potential students may conduct with the site.	

Risk Identification and Tour of Site

Does the site provide a safety orientation? (Recommended)	
Will students be interacting with individuals who have a criminal background or a history of physical violence?	
Will student be required to work alone at night (between 6pm and 8am?)	
Is learning site home-based? (Please see footnote #1:).	
Does the learning site carry liability insurance? Any other insurance?	
Document and discuss any risks involved with this learning site.	

Is there anything else not covered that might impact the safety and well-being of the students? Please comment here:	<input type="checkbox"/>	<input type="checkbox"/>
	NO	YES

Please be aware of the following:

1. Students are not allowed to participate at home-based learning sites. (Exceptions must be cleared with HSU Director of Risk Management.)
2. Students are not allowed to use power tools or provide transportation for agency/business purposes.
3. Learning sites should have orientations for all student volunteers going over items discussed in the site checklist.

Learning Site Authorized Signer: _____ Date: _____

Title: _____

HSU Risk Management Signature: _____ Date: _____

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