

Site Self-Assessment Form

Organization Name: _____

Website: _____

Partner Contact: _____

Contact Email: _____

Title: _____

Contact Phone: _____

Address: _____
Street Address
City
State
Zip

Directions: This form should be completed by a representative of the Learning Site who is well 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.

<p>POPULATION SERVED: Will the students be working with "behaviorally challenged" populations? Will students be working unsupervised with individuals under 18? Will the students be working with individuals who have a known criminal background or history of violent behavior?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES</p>
<p>SUPERVISION: What the percentage of the students' time will involve direct supervision by a Learning Site staff member? How many people is the supervisor responsible for overseeing?</p>	<p>_____ % _____ people</p>
<p>LEARNING SITE LOCATION: Are the location and parking area adequately illuminated? Are the location and work area secure? Have there been any incidents of criminal activity around the site's location within the last year? Have there been any incidents of criminal activity at the organization within the last year?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES</p>
<p>KNOWN HAZARDS: Are there physical, environmental, or inherent hazards at the site's physical location? Are these hazards addressed by training and security measures? Does the placement require working with any hazardous materials, heavy equipment, or heavy machinery?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES</p>
<p>EMERGENCY PLAN: Does the Learning Site have an Emergency Plan? Are all fire-rated doors in working order, and are all exits free of blockages?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES</p>
<p>OTHER: Is there anything else not covered that might impact the safety and well-being of the students? If "Yes", please explain: _____ _____</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>
<p>Print Name and Date Completed: _____ Date: _____</p>	