

Site Self-Assessment Form

Student Name: _____

Organization Website: _____

Organization Name: _____

Department: _____

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>HOME BASED SITE LOCATION: Is this internship a "Home-based/Virtual" working experience? (This means that internship tasks are completed while working at a home-based business or via computer at the student's home).</p>	<p><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>NO Yes</p>

Print Name and Date Completed: _____ Date: _____