**SERVICE LEARNING PROJECT PROPOSAL**

## Urban and Community Health Pathway

*Use this form to propose a new community service learning project.*

*Service learning is a structured learning experience that combines community service with preparation and reflection*

**Title of Project:**

**Student(s):****Class of**

**Phone:**

**Email:**

**If more than one student collaborating on this project, please list collaborators and roles:**

|  |  |
| --- | --- |
| **Faculty Mentor:**  **Department:**  **Address:**  **Phone:**  **Email:** | **Community Mentor:**  **Organization:**  **Address:**  **Phone:**  **Email:** |

**Please describe your project:**

**Number (and level) of students who can participate (if applicable - describe roles, prerequisites):**

**Time commitment (duration, frequency of visits/ activities):**

SERVICE: (Community Involvement)

**Who are the community partners on this project? What is the mission of their organization?**

**Who is the target population/ audience this project will serve (e.g. geography, age, sex, ethnicity)?**

**What community-recognized need is being met by the project? How is the community involved in determining the need or informing the process?**

**Service Objectives (develop in consultation with community partner)**

As a result of this activity,











# **LEARNING**: (Development as a physician)

**Learning Objectives (Develop in collaboration with faculty and community mentors):**

After participating in this activity, students will:











**How is the project connected to the MCW and Pathway objectives?**

**SERVICE LEARNING METHODS**

**1. Orientation: How are students oriented to the community site-specific patient population and services? How is the community oriented to the educational level and skills of the students?**

2. **Preparation: What do participants of this service-learning project do to prepare for the activity?**

**3. Service role: What will be the students’ role, time commitment? What product will result? (**note: please see Community Service Guidelines related to community-based clinical and educational activities)

**4. Reflection: How do participants reflect on their experiences throughout the project?**

**EVALUATION (How will achievement of objectives be measured? Consider using measures of satisfaction, learning, products or impact.)**:

**1. Service Evaluation:**

**2. Learning Evaluation:**

**Collaboration Agreement (required):**

I have developed this proposal in consultation with my faculty advisor and community mentor and agree to fulfill my duties as agreed upon to the best of my abilities in accordance with principles of professionalism and good partnership.

\_\_\_\_

**Student’s Signature** **Date**

I have reviewed the above service learning proposal and attest that this project will address community-identified needs. If approved as a UCHP project, I agree to direct and evaluate this student in collaboration with their faculty advisor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Community Mentor/Site Supervisor Signature** **Date**

I have reviewed the above service learning proposal and attest that this project will meet the student’s learning objectives. If approved as a UCHP project, I agree to direct and evaluate this student in collaboration with their community mentor. I understand that if IRB approval is required, I will serve as the Primary Investigator for the IRB review.

\_\_\_\_

**MCW Faculty Advisor Signature** **Date**