

Date received: \_\_\_\_\_

Info Session: \_\_\_\_\_

Date enrolled: \_\_\_\_\_

Hold(s): \_\_\_\_\_

## **FYC 4941: FYCS PRACTICUM PROPOSAL EMERGING PROFESSIONAL EXPERIENCE**

Directions: The semester prior to enrolling in FYC4941 you must attend 1 Practicum Information Session, times and dates will be emailed via the FYCS Listserv. Complete all sections of this form and obtain agency signatures prior to scheduling an appointment with your FYCS faculty advisor. Please schedule an appointment with your advisor to review this Practicum Proposal. When approved, the advisor will sign and the student will submit their proposal to the Practicum Coordinator who will then enroll the student in the course. Students are required to complete 240 hours in the field, which is 3 credits.

**All signatures must be obtained prior to being enrolled in practicum. This proposal is due reading days the semester prior to being enrolled in FYC4941: Practicum.**

**THIS FORM MUST BE TYPED.**

Check the semester you are completing your Practicum: Fall  Spring  Summer C

Student Name: \_\_\_\_\_ UF ID \_\_\_\_\_

Address During Practicum: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Major: FYCS  Other: \_\_\_\_\_

Minor or AOS: Nonprofit  CFLE  Other: \_\_\_\_\_

Agency/Employer Name: \_\_\_\_\_

Agency/Employer Address: \_\_\_\_\_

Immediate Agency Supervisor: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dates of Experience (MM/DD/YY – MM/DD/YY): \_\_\_\_\_

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.

**3 Learning Goals and 3 Objectives (to be developed in collaboration between student, site supervisor and approved by 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.
- Adhere to schedule agreed upon schedule with site/organization; if I cannot adhere to your assigned schedule please provide 24 hours notice so that alternative arrangements can be made. Please ask your site supervisor the correct form of correspondence.
- 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.)

Note: It is the student's responsibility to confirm that the site has an approved MOU on file with FYCS. If not, the MOU form can be downloaded from the main FYCS website.

I have read the above and agree to abide by these terms and the UF Code of Conduct during 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 the students’ availability.
- Assure that adequate work times are available for student to complete the practicum in the agreed upon timeframe (240 hours).
- 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 Signature/Evaluation Form” noting completion of the required hours by the stated deadline, which is found on the form itself.

A “Memorandum of Understanding” (MOU) regarding the use of student volunteers has been submitted to the University of Florida. Check one: YES \_\_\_ NO \_\_\_

**Agency Signatures:**

**Direct Agency Supervisor** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agency Director** (if required by agency) \_\_\_\_\_

**FYCS Faculty Signatures:**

**Faculty Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Nonprofit Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CFLE Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Practicum Coordinator Signature:** \_\_\_\_\_