

Human Issues 404
The Achievement Gap in School and Society
Community-Based Learning Contract

EDGEWOOD PARTICIPANT _____
PHONE NUMBER _____
E-MAIL _____

COMMUNITY PARTNER MENTOR _____
PHONE NUMBER _____
E-MAIL _____

What are the primary personal goals that you, the Edgewood participant, have for this experience?

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

What are the primary expectations that you, the community partner, have for the Edgewood participant?

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

Use the space below to describe what you, the Edgewood Participant, will be doing with your community agency.

The minimum hour requirement for this experience is 20. Please use the space below to explain how you will meet this expectation. Be as specific as you can with start and end dates as well as days and times.

Signatures:

Dates:

Edgewood Participant

Community Partner Mentor

Edgewood Instructor
