

# Community Engaged Learning Project Plan

Community Engaged Learning utilizes the assets and expertise of meaningful faculty-student-community partnerships to address community issues and support UWL's Sustaining Excellence Strategic Plan by providing high impact teaching and learning opportunities with our community partners. This is accomplished through the integration of capacity building projects and direct work with clients in credit-bearing academic courses. Through the linking of rigorous assignments and thoughtful reflection with experience, this methodology strengthens students' academic learning and professional and civic growth.

This Project Plan serves as a memorandum of understanding (MOU) between partners ensuring a well-coordinated and communicated project for all participants. Because this is a document shared with our community partners, some of the questions are similar to questions asked in the Community Engaged Learning Proposal. **The Community Engaged Learning Project Plan will need to be completed each semester your course is offered, unless your course has already established long-term/renewable affiliation agreements.**

You have 30 days to complete this CEL Project Plan survey from the date it is opened in Qualtrics. If you exit the survey, the system will automatically save your responses within the 30-day window.

**Q1 ENTER CEL PROGRAM ID:** \_\_\_\_\_

**Q2 CHOOSE YOUR ACADEMIC DEPARTMENT:**

▼ Accountancy ... Not UWL-affiliated

**Q3 CEL COURSE DETAILS:**

- CEL Course Number \_\_\_\_\_
- CEL Course Title \_\_\_\_\_
- CEL Course Day(s) and Time \_\_\_\_\_
- CEL Course Start Semester (e.g., fall, J-term, spring, summer) \_\_\_\_\_
- CEL Course Start Year (e.g., 2022) \_\_\_\_\_

**Q4 IS THIS THE FIRST TIME THIS COURSE SECTION HAS RECEIVED THE OFFICIAL COMMUNITY ENGAGED LEARNING (CEL) DESIGNATION?**

- Yes
- No (Please list below how many semesters this course section has received the CEL designation.) \_\_\_\_\_

**Q5 IF MAINTAINING THE CEL ATTRIBUTE ON THIS COURSE SECTION FOR TWO OR MORE SEMESTERS CHANGES YOUR COURSE OBJECTIVES, PLEASE CONSIDER WORKING WITH YOUR DEPARTMENT CHAIR TO UPDATE THE CIM FORM TO BE INCLUSIVE OF COURSE SECTIONS THAT MAY USE A COMMUNITY-ENGAGED ACTIVITY TO TEACH CERTAIN CONCEPTS. THIS UPDATED LANGUAGE CAN BE INCLUDED IN DIGITAL MEASURES FOR YOUR ANNUAL REVIEW. PLEASE INDICATE YOU HAVE READ THIS SUGGESTION BY SELECTING 'YES' BELOW. (You are also welcome to copy/paste your updated course objectives into Digital Measures for your annual review.)**

- Yes

**Q6 FACULTY CONTACT INFORMATION:**

- Name (first and last) \_\_\_\_\_
- Office Phone \_\_\_\_\_

- Email \_\_\_\_\_

**Q7 IS YOUR APPROVED CEL DESIGNATED COURSE SECTION PART OF AN ACCREDITED PROGRAM AT UWL WHERE THERE ARE COMMUNITY PARTNERSHIPS ESTABLISHED AS AN INTEGRAL COMPONENT OF THE PROGRAM?**

- Yes
- No

*Skip To: Q13 If IS YOUR APPROVED CEL DESIGNATED COURSE SECTION PART OF AN ACCREDITED PROGRAM AT UWL WHERE THERE A... = No*

**Q8 DO YOU HAVE AN EXISTING AFFILIATION AGREEMENT OR REQUIRED PROGRAM PARTICIPATION WAIVER WITH ONE OR MORE COMMUNITY PARTNERS? (e.g., UWL Business Services legal document created with a community partner.)**

- Yes
- No

*Skip To: Q13 If DO YOU HAVE AN EXISTING AFFILIATION AGREEMENT OR REQUIRED PROGRAM PARTICIPATION WAIVER WITH ONE O... = No*

**Q9 HOW MANY COMMUNITY PARTNERS, WITH ESTABLISHED AFFILIATION AGREEMENTS, WILL BE WORKING WITH THIS COURSE DURING THE DESIGNATED SEMESTER? Please select a number (e.g., 4).**

If you have seven (7) or more, please write the number of community partners associated with this course section in the space provided.

- 1
- 2
- 3
- 4
- 5
- 6
- 7 (or more) \_\_\_\_\_

**Q10 PLEASE LIST THE NAMES OF THE COMMUNITY PARTNER ORGANIZATIONS WITH WHOM YOU HAVE AFFILIATION AGREEMENTS ALLOWING STUDENTS EXPERIENTIAL LEARNING OPPORTUNITIES IN THIS COURSE SECTION. (If you'd rather upload an already typed list of partners, skip this question and see question 11 to upload your list.)**

- Community partner 1 \_\_\_\_\_
- Community partner 2 \_\_\_\_\_
- Community partner 3 \_\_\_\_\_
- Community partner 4 \_\_\_\_\_
- Community partner 5 \_\_\_\_\_
- Community partner 6 \_\_\_\_\_
- Community partner 7 (or more) \_\_\_\_\_

**Q11 PLEASE UPLOAD A LIST OF THE COMMUNITY PARTNERS WHO WILL BE WORKING WITH STUDENTS IN THIS COURSE SECTION INTO THIS CEL PROJECT PLAN.** (You can skip this question if you listed your community partner organization names in the question above.)

**Q12 PLEASE SELECT WHERE THE AFFILIATION AGREEMENT(S) IS/ARE STORED.**

- In your academic department
- In your college Dean's office
- Career Services
- Business Services
- Other \_\_\_\_\_
- Don't Know

**Q13 HOW MANY COMMUNITY PARTNERS WITHOUT AFFILIATION AGREEMENTS WILL BE WORKING WITH THIS COURSE DURING THE DESIGNATED SEMESTER?** Please select a number (e.g., 4).

If you have seven (7) or more, please list the first six (6) in the CEL Project Plan and then email Lisa Klein, lklein@uwlax.edu, with the information for additional contacts.

- 0 (My community partners for this course section all have affiliation agreements.)
- 1
- 2
- 3
- 4
- 5
- 6
- 7 (or more)

*Skip To: Q20 If How many community partners without affiliation agreements will be working... = 0*

**Q14 CONTACT INFORMATION FOR COMMUNITY PARTNER 1:** (If confidentiality is a concern, please include the organization sector at a minimum.)

- Lead contact name \_\_\_\_\_
- Title \_\_\_\_\_
- Organization \_\_\_\_\_
- Website (Enter N/A if this doesn't apply) \_\_\_\_\_
- Phone number \_\_\_\_\_
- Email \_\_\_\_\_
- Organization sector (business, non-profit, civic organization) \_\_\_\_\_

**Q15 CONTACT INFORMATION FOR COMMUNITY PARTNER 2:** (If confidentiality is a concern, please include the organization sector at a minimum.)

- Lead contact name \_\_\_\_\_
- Title \_\_\_\_\_
- Organization \_\_\_\_\_
- Website (Enter N/A if this doesn't apply) \_\_\_\_\_
- Phone number \_\_\_\_\_
- Email \_\_\_\_\_
- Organization sector (business, non-profit, civic organization) \_\_\_\_\_

**Q16 CONTACT INFORMATION FOR COMMUNITY PARTNER 3:** (If confidentiality is a concern, please include the organization sector at a minimum.)

- Lead contact name \_\_\_\_\_
- Title \_\_\_\_\_
- Organization \_\_\_\_\_
- Website (Enter N/A if this doesn't apply) \_\_\_\_\_
- Phone number \_\_\_\_\_
- Email \_\_\_\_\_

- Organization sector (business, non-profit, civic organization) \_\_\_\_\_

**Q17 CONTACT INFORMATION FOR COMMUNITY PARTNER 4:** (If confidentiality is a concern, please include the organization sector at a minimum.)

- Lead contact name \_\_\_\_\_
- Title \_\_\_\_\_
- Organization \_\_\_\_\_
- Website (Enter N/A if this doesn't apply) \_\_\_\_\_
- Phone number \_\_\_\_\_
- Email \_\_\_\_\_
- Organization sector (business, non-profit, civic organization) \_\_\_\_\_

**Q18 CONTACT INFORMATION FOR COMMUNITY PARTNER 5:** (If confidentiality is a concern, please include the organization sector at a minimum.)

- Lead contact name \_\_\_\_\_
- Title \_\_\_\_\_
- Organization \_\_\_\_\_
- Website (Enter N/A if this doesn't apply) \_\_\_\_\_
- Phone number \_\_\_\_\_
- Email \_\_\_\_\_
- Organization sector (business, non-profit, civic organization) \_\_\_\_\_

**Q19 CONTACT INFORMATION FOR COMMUNITY PARTNER 6:** (If confidentiality is a concern, please include the organization sector at a minimum.) If you have more than six (6) community partners, please contact Lisa Klein directly to submit the contact information for the other organizations at [lklein@uwlax.edu](mailto:lklein@uwlax.edu) or 785-8153.

- Lead contact name \_\_\_\_\_
- Title \_\_\_\_\_
- Organization \_\_\_\_\_
- Website (Enter N/A if this doesn't apply) \_\_\_\_\_
- Phone number \_\_\_\_\_
- Email \_\_\_\_\_
- Organization sector (business, non-profit, civic organization) \_\_\_\_\_

**Q20 THE COMMUNITY PARTNER AGREES TO MEET IN PERSON AND/OR VIRTUALLY WITH STUDENTS DURING THE 14 WEEK SEMESTER.** (Please select the appropriate amount of meeting times as discussed with your community partner.)

- 1-2 times
- 3-4 times
- 5-6 times
- 7 (or more) times

**Q21 THE COMMUNITY PARTNER CAN COMMIT TO PROVIDING FEEDBACK ON STUDENTS' WORK WHEN REQUESTED.**

- Yes
- No (Please explain how and when the community partner will provide feedback to students in the space below.)

\_\_\_\_\_

**Q22 THE COMMUNITY PARTNER CAN COMMIT TO RETURNING EMAILS/PHONE CALLS WITHIN TWO (2) BUSINESS DAYS FOR PERIODIC CHECK-IN.**

- Yes
- No (Please provide an agreed upon time frame in the space below.) \_\_\_\_\_

**Q23 DOES THIS COURSE INVOLVE ANY WORK WITH MINORS?**

- Yes
- No

**Q24 NUMBER OF CEL HOURS TO BE COMPLETED DURING THE SEMESTER INCLUDING IN-PERSON AND VIRTUAL CONTACT: (Minimum 15)**

- 15-20
- 21-30
- 31-40
- 40+ (Please include the approximate number in the text box below.) \_\_\_\_\_

**Q25 NUMBER OF STUDENTS IN COURSE:** (Enter N/A if you don't have data for a particular class year of students.)

- 1st year: \_\_\_\_\_
- 2nd year: \_\_\_\_\_
- 3rd year: \_\_\_\_\_
- 4th+ year: \_\_\_\_\_
- Graduate student: \_\_\_\_\_
- Total: \_\_\_\_\_

**Q26 COURSE SYLLABUS:** I agree the CEL designation will be clearly identified in my syllabus, along with the **CEL statement** listed below by the start of the semester. (Please make sure Student Learning Outcomes are also listed on the syllabus.)

*CEL Statement: "This is a designated Community Engaged Learning (CEL) course. Students will apply classroom content in real-world settings in collaboration with a community partner. Meaningful community experiences integrated with instruction and reflection enrich the learning experience, teach civic responsibility, and strengthen communities."*

Yes

**Q27 IF YOU UPLOADED AN AFFILIATION AGREEMENT INTO THIS DOCUMENT, PLEASE SELECT 'YES.' OTHERWISE, PLEASE SELECT 'NO.'**

- Yes
- No

*Skip To: End of Block If IF YOU UPLOADED AN AFFILIATION AGREEMENT INTO THIS DOCUMENT, PLEASE SELECT 'YES.' OTHERWISE, PLE... = Yes*

**Q28 COMMUNITY ENGAGED LEARNING PROJECT:** Please use **a few sentences** to describe the agreed upon Community Engaged Learning project to be completed for/with your community partner by the end of the semester. What is the deliverable/experience/service-learning, etc.?

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**Q29 STUDENT LEARNING OUTCOME(S)/GOAL(S):** Please use **a few sentences** to describe how the Community Engaged Learning project will enable the students to gain the course's academic content, skills, and/or perspectives.

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**Q30 INSTRUCTOR & COMMUNITY PARTNER ROLES:** Please use a few sentences to describe how instructors and community partners will support the Community Engaged Learning student project.

**INSTRUCTOR EXAMPLES:** This can be done through a) project management support, such as team meetings in class or progress reports; b) assignments that connect the community project with course content and content to project, such as journaling, proposal; and c) assignments that facilitate understanding of academic, civic, personal, and/or professional development such as final PowerPoint presentation.

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**PARTNER EXAMPLES:** This can be done through a) student orientation to the organization and their staff and clients; b) student meetings to provide feedback and support; and c) sharing of skills, knowledge, and professional behavior (including volunteer requirements of the organization); d) other (specify)

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**PROJECT GOALS:**

1. Provide students with a portfolio-worthy, hands-on learning experience by applying the context of this and other [insert discipline] courses on a real-world project.
2. Provide the partner with student volunteers who have expertise in their field of study and/or a professional-quality, ready-to-use project/product/research/analysis/report/other.
3. Opportunities for professional engagement with UWL and community partners that is mutually-beneficial, community-oriented, and skill-building.
4. Opportunities for all parties to learn how to work with external partners who may or may not be familiar with the organization/industry with which they are working.

**PROJECT STIPULATIONS:**

1. Students retain the rights to include their self-generated projects in graded portfolios and professional portfolios. Partners can request that they redact any data from the proposals that would be identifying/compromising.
2. Students will not use the data or knowledge from these projects for any kind of personal or professional gain beyond employing the documents in their professional portfolios.
3. Partners will not request to change projects unless contacting the professor of the course first.
4. Partners will not request students to engage in further projects (without contract or payment) beyond what is articulated in this Community Engaged Learning Project Plan unless first consulting the professor of the course.
5. Should partners and students not be able to complete the agreed upon project within the

specified semester, no party (partner, students or instructors) is responsible for completing the project.

**I AGREE TO THIS COMMUNITY ENGAGED LEARNING PROJECT PLAN AND WILL EMAIL A COPY OF THIS DOCUMENT TO MY COMMUNITY PARTNER(S) AND THE COMMUNITY ENGAGEMENT COORDINATOR AT LKLEIN@UWLAX.EDU.**

- Yes
  - I have a question about this statement. (Please include your email address or phone number in the space below. The Community Engagement Coordinator will contact you.)
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**INSTRUCTOR SIGNATURE:**

**TYPE NAME AND TITLE:**

**DATE:**

**THANK YOU!**

You will receive an emailed copy of this CEL Project Plan to forward to your community partner(s). Please copy Community Engagement Coordinator Lisa Klein at lklein@uwlax.edu in our email.

For Reference Only