

**Site Visit Assessment Form**

Organization Name: Organization Type:

Contact Person Name/Title:

Phone: E-mail:

**Logistics**

* How will students check in at the site?
* How will students track hours at the site?
* Do students meet with the site supervisor prior to starting?
* Are students provided with a work space?
* Will students be asked to bring anything with them?
* Will students be asked to buy anything? If so, will they be reimbursed?
* Will students be working under supervision?
* Will students be working at alternate sites?
* What is required of students prior to starting? Fingerprinting? Background checks? Who pays for this?
* Who should the site contact in case of emergency?
* Who should the university contact in case of emergency?

**Risk Identification and Tour of Site**

* Does the site provide a safety orientation?
* Is there adequate parking for students?
* Will students be working in a high crime area?
* Will students be interacting with individuals who have a criminal background or a history of physical violence?
* Will the learning site request emergency contact information for students?
* Will the student be required to work alone at night (between 6 p.m. and 8 p.m.)?
* Are exits clearly marked?
* Is there an emergency evacuation plan?
* Is there any damage to the site that may create a hazard for students?
* Does the learning site carry liability insurance? Any other insurance?

**Privacy and Evaluations**

* Are students allowed to take pictures or videos?
* Will students be asked to sign a confidentiality waiver?
* Will there be evaluations required? By whom?
* Discussed what should be included in an onsite orientation for students.

University Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_