Learning Agreement for Off-Campus Lab Experiences  
In Approved Centers and Schools  
Collin College Child Development / Education Program

TO BE COMPLETED BY THE STUDENT:

Name of Student: ________________________________________________

Class # and Name: ___________________________ Semester: ________________

Professor’s Name: _______________________________________________

TO BE COMPLETED BY THE DIRECTOR OF THE APPROVED SITE:

I, _________________________________(director), agree to share the responsibility and legal liability for the supervision of this student who is enrolled in the Collin College Child Development/Education Program during the _______________ Semester, ___________ Year. I agree to provide on-site supervision, to verify the dates and times of lab experiences and to insure enforcement of state licensing standards, our facility and program policies, standards of professional ethics, and the Child Development and Education Program policies for students. In addition, I will notify the instructor and the Child Development and Education Academic Chair of any violations by students or other concerns I may have concerning the student’s professional conduct with children, families, and other staff members. I will provide feedback to the instructor for the laboratory component of the course.

Approved Facility Name: ______________________________________________________

Address: ___________________________________________________________________

Facility Phone Number: ___________________________ Fax: _______________________

Director’s Printed Name: ____________________________ Email: ___________________

_____________________________ Date

_____________________________ Date

_____________________________ Date

_____________________________ Date