

Learning Site Assessment Form

Learning Site (Company) Name: Made for Them
 Internship Position Title: Marketing
 Site Supervisor Contact: Kim Hashimoto Title: Office Manager
 Contact Email: Kim@madeforthem.org Contact Phone: 559.441.0327
 Learning Site Address: 1955 Broadway Fresno CA
Street Address City State Zip

Directions: This form should be completed by a knowledgeable representative of the Learning Site who is familiar with the organization's safety policies & procedures and the potential learning activities that Fresno State students will be engaged in as part of their learning experience.

SUPERVISION: Will the students be supervised less than 50% of the time or will the supervisor be responsible for overseeing more than 8 people?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
In the absence of the site supervisor who will oversee the intern? <u>Executive Director</u>		
CLIENT INTERACTION: Will students be working unsupervised with or have unsupervised access to vulnerable populations, such as those with physical or intellectual disabilities, mental illness and the elderly, or minors?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Will students be working with individuals who have a known criminal background or history of violent behavior?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
LEARNING SITE LOCATION: Location of the learning site, if different from the address listed above:		
Is the learning site/organization operated out of a personal residence?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Work Hours: What are the working hours of the learning site?		
Would the location be described as a high-crime area, or are there unmitigated concerns about the parking and work areas being secure or adequately illuminated?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

HR POLICIES: Does the learning work site have established Human Resources or other policies that will be shared with students regarding work site discrimination, sexual harassment, cell phone, Internet usage and professional behavior expectations?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Will the experiential learning activity involve driving on behalf of the learning site?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Is a confidentiality agreement required at the worksite?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
SAFETY: Are there concerns with the site's physical location; such as physical, environmental, or inherent hazards that are not addressed adequately by training and security measures?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Does the internship require working with any hazardous materials, heavy equipment, or heavy machinery?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Where applicable, does the worksite provide safety training for all equipment used and other safety procedures at the worksite?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Is Personal Protective Equipment (PPE) required? If so, detail the required PPE below.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
• If the PPE provided and do interns receive training on its usage?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Have there been any incidents of criminal activity at the organization within the last year that could potentially impact the safety and security of student interns? If yes, please provide a brief description.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
EMERGENCY PLAN: Does the learning site have an emergency plan to share with students regarding emergency procedures?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Are there any concerns as to the Internship Site's Emergency Plan or regarding non-working fire-rated doors or blockages to the exits and hallways?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
MISC: Is there anything else not covered that might impact the safety and well-being of the students? If yes, please provide information below: N/A		
Additional Comments		

Name (printed): Kim Hashimoto

Signature: 

Department: Administration

Date: 5/14/18