



**CAL POLY**

**Experiential Learning Questionnaire 2020-21**

Student Name \_\_\_\_\_

Department \_\_\_\_\_

Experiential Learning On-Campus Coordinator \_\_\_\_\_

Experiential Learning Site name and location \_\_\_\_\_

Activities to be completed within experience:

\_\_\_\_\_

# of units \_\_\_\_\_

Will this internship/learning experience meet the requirements of the credit-hour policy? Y \_\_\_\_\_ N \_\_\_\_\_

Can the experiential learning experience be performed virtually? Y \_\_\_\_\_ N \_\_\_\_\_

Comments:

\_\_\_\_\_

Can an alternative activity be substituted? Y \_\_\_\_\_ N \_\_\_\_\_

Comments:

\_\_\_\_\_

Is this internship/experiential learning experience required for certification or graduation at this time? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please elaborate:

\_\_\_\_\_

Can the student be considered an "essential worker"? (See definition here: [Essential Worker](#)) Y \_\_\_\_\_ N \_\_\_\_\_

Will the student be required to wear a face covering? Y \_\_\_\_\_ N \_\_\_\_\_ Face Shield? Y \_\_\_\_\_ N \_\_\_\_\_

What additional PPE will be provided to the student?

\_\_\_\_\_



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What social distancing protocols are in place at the site?

Comments:

\_\_\_\_\_

What other COVID-19 precautions are in place?

Comments:

\_\_\_\_\_

Do the student's living accommodations pose an additional risk?    Y \_\_\_\_            N \_\_\_\_

Comments:

\_\_\_\_\_

Will the student be working with individuals that are COVID-19 positive?    Y \_\_\_\_            N \_\_\_\_

If yes, please contact Risk Management: [riskmanagement@calpoly.edu](mailto:riskmanagement@calpoly.edu)

Additional Comments:

\_\_\_\_\_

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Campus Coordinator Name \_\_\_\_\_

Campus Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_