



CAL POLY

Experiential Learning Questionnaire 2020-21

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 _____



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What additional PPE will be provided to the student?

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