

# PPSC Learning Agreement

## Pupil Personnel Services Credential In School Social Work Program



SACRAMENTO STATE  
COLLEGE OF CONTINUING EDUCATION

### Student Information

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Student's Tasks and Learning Experiences	
1	
2	
3	
4	
5	

### School Sites

(if PPSC Field Instructor listed below does not have an MSW, we ask that the student find an MSW who is willing to verify their fieldwork hours in addition to the PPSC Field Instructor.)

School Site #1 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of School (pre, elementary, middle, high school) \_\_\_\_\_ Grade Level \_\_\_\_\_

Field Instructor Name \_\_\_\_\_ PPSC # \_\_\_\_\_

Business Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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

MSW Field Supervisor Name \_\_\_\_\_ Business Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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

School Site #2 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of School (pre, elementary, middle, high school) \_\_\_\_\_ Grade Level \_\_\_\_\_

Field Instructor Name \_\_\_\_\_ PPSC # \_\_\_\_\_

Business Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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

MSW Field Supervisor Name \_\_\_\_\_ Business Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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