**Pre-Placement Assessment Rubric (for CSU use only)**

**Organization Name: Website:**

**Partnership Contact: Title:**

**Contact Email: Contact Phone:**

**Address:**

Street Address City State Zip

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| --- | --- | --- | --- |
| **SUPERVISION:** Will the students be supervised less than 50% of the time or will the supervisor be responsible for overseeing more than 8 people? |  ☐ NO  | ☐ YES  | SITE VISIT REQUIRED WITHIN 6-MONTHS |
| **POPULATION SERVED:** Will the students be working with “behaviorally challenged” populations? Will students be working unsupervised with minors? | ☐ NO ☐ NO  | ☐ YES ☐ YES  | **SITE VISIT REQUIRED PRIOR TO STUDENT PLACEMENT** |
| **POPULATION SERVED**: Will the students be working with individuals who have a known criminal background or history of violent behavior? | ☐ NO  | ☐ YES  | **SITE VISIT REQUIRED PRIOR TO STUDENT PLACEMENT** |
| **LEARNING SITE LOCATION:** Would the location be described as a high-crime area, or are there concerns about the parking and work areas being secure or adequately illuminated? | ☐ NO  | ☐ YES  | **SITE VISIT REQUIRED PRIOR TO STUDENT PLACEMENT** |
| **CRIMINAL ACTIVITY:** Have there been any incidents of criminal activity at the organization within the last year? | ☐ NO  | ☐ YES  | **SITE VISIT REQUIRED PRIOR TO STUDENT PLACEMENT** |
| **KNOWN HAZARDS:** 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? | ☐ NO  | ☐ YES  | SITE VISIT REQUIRED WITHIN 6-MONTHS |
| **KNOWN HAZARDS:** Does the placement require working with any hazardous materials, heavy equipment, or heavy machinery? | ☐ NO  | ☐ YES  | SITE VISIT REQUIRED WITHIN 6-MONTHS |
| **EMERGENCY PLAN:** Are there any concerns as to the Learning Site’s Emergency Plan or regarding non-working fire-rated doors or blockages to the exits and hallways? | ☐ NO  | ☐ YES  | SITE VISIT REQUIRED WITHIN 6-MONTHS |
| Is there anything else not covered that might impact the safety and well-being of the students? | ☐ NO  | ☐ YES  | **SITE VISIT REQUIRED PRIOR TO STUDENT PLACEMENT** |
|  | **NO TO ALL = NO SITE VISIT REQUIRED**  |  |  |

**Campus Review Signature: Assessment Date:**