Parking Passes for Visiting Community Partners  
  
**Faculty of Health course directors may request a free one-day guest parking pass for a community partner visiting their class as part of an Experiential Education component. A limited number of passes are available, and will be provided on an as-requested basis.**  
1. Complete and submit this request form to [eehealth@yorku.ca](mailto:eehealth@yorku.ca) at least one week in   
 advance of your guest’s visit.

2. When the parking pass is ready (up to two days) the Experiential Education Coordinator   
 will contact you (via phone or e-mail) to arrange to deliver the parking pass to your office   
 or mailbox.

**Please note:**

* + - Parking passes are issued for one of these garages: Arboretum (#80), Student Services (#84) and York Lanes (#72).   
      (Campus map: <http://maps.info.yorku.ca/files/2013/02/KEELE_Map_Colour.pdf>)
* **Your guest will only need to use the pass at the time of payment when they exit the garage- they do not need the pass in order to enter the garage.**
* **Unused parking passes are valid until April 2017, so you can use the pass at a later date if the visit is rescheduled.**

***If you are not able to submit the request one week in advance, and for all other questions please contact the Faculty of Health Experiential Education Coordinator at 416 736 2100 X 40655 or eehealth@yorku.ca.***

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| Parking Pass Request for Visiting Community Partners | | |
| Course Director: Click here to enter text. | | |
| Department or School**:** *Choose an item.* | | |
| E-mail**:**Click here to enter text. | Phone**:** Click here to enter text. | |
| Title of the course associate with the community partner visit: Click here to enter text. | | Course Code: Click here to enter text. |
| **ABOUT THE COMMUNITY PARTNER VISIT** | | |
| Date of visit**:** *Click here to enter a date.* | | |
| How many parking passes are you requesting for this date? Click here to enter text. | | |
| Please enter the **name/s** and **affiliated organizations** of the community partner/s who will visit your class on this date.   Click here to enter text. | | |
| Please outline **I)** the learning outcome(s) this community partner’s visit will help the students achieve, and **II)** the reflection and pre-/post-visit activities planned for the students that will help them to achieve the learning outcome(s).  *Reflection is a key feature of experiential education, so it is important your brief description outlines how the students will engage in the identified reflection activity. (e.g. Students will participate in a 10 minute small-group discussion around two key questions. Each group will summarize their discussion to the class, and key themes will be drawn out.) For examples of reflection activities, visit the Faculty of Health website:* [*http://health.yorku.ca/experiential-education/reflection/*](http://health.yorku.ca/experiential-education/reflection/) Click here to enter text. **Select all that apply to the visiting community partner. For more information about the types of partnerships below, please see the Experiential Education Common Languages document.**  They will deliver a **presentation** related to a course theme, and students will reflect on the   presentation in relation to course concepts. They will present a **case study or research question**, and students will apply theory and course   content to address the problem. They are a partner for **community-based research** project that students will support as part of   the course.  They are a partner for a **community service-learning** project addressing community-identified   needs that students will support as part of the course. They are a partner for a **practicum or field placement** where students will gain discipline or   course-specific skills in a work setting.  They are a partner for a **co-op placement** where students will alternate between classroom   and hands-on, paid work experience.  They are a partner for an **internship placement** where students will work full-time in a   degree-related paid position.  Other Click here to enter text. | | |
| Location of your class: (or where the community partner will visit, if different from your class) Click here to enter text. | | |
| Please indicate whether your guest has any accessibility needs related to parking Click here to enter text. | | |
| Is there anything else you would like to tell us? (Please include any questions, clarifications or other comments) Click here to enter text. | | |