Student Service-Learning Verification Form

Complete this form in blue or black ink and submit to the School-Based Student Service-Learning Coordinator.

Submission Deadlines for this Student Service-Learning Verification Form:

* October 15 (for any independent hours obtained between July 1 and August 30)
* January 31 (for any independent hours obtained between September 1 and January 31)
* July 15 (for any independent hours obtained between February 1 and June 30)

Section to be completed by the student:

Student Name: _____ Student Number: _____

School: _____Student Telephone: _____

Student Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____Grade in school _____

Remember that any Student Service-Learning independent activity must meet the Maryland State Department of Education's 7 Bes Practices and include preparation or research, action, and reflection:

- ✓ *The Student Meets a Recognized Need in the Community.*
- ✓ *The Student Achieves Curricular Objectives.*
- ✓ *The Student Gains Necessary Knowledge and Skills.*
- ✓ The Student Plans Ahead.
- ✓ *The Student Works with Existing Service Organizations.*
- ✓ *The Student Works with Existing Service.*
- ✓ *The Student Reflects Throughout the Experience.*

Student Assessment of Service-Learning Activity

I. **Discuss your preparation for the service-learning activity/activities by completing the prompts below.**

_____

_____

_____

II. **Describe the service-learning activity/activities that you completed.**

_____

_____

_____

Section to be completed by organization representative for independent hours:

Organization Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Telephone: _____ Email: _____

Supervisor/Teacher: _____ Title: _____

Signature: _____

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Service-Learning Log

Date of Service	Organization Name	Hours of Service	Total Hours	Signature of Supervisor

Upon reflection, what did you learn about yourself and others?

_____

_____

_____

_____

_____

_____   _____
Student's Signature   **Parent or Guardian's Signature**

_____   _____
Date   **Date**

For School-Based Student Service-Learning Coordinator and data-entry personnel use only:

Previous Independent Hours

+ Independent Hours for this activity

= Total Independent Hours

Date of receipt _____

Signature_____

Title _____

*Once completed, the Student Service-Learning Verification form needs to be placed in the student's cumulative folder.

Revised November 2017