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)

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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: ______________________
### Service-Learning Log

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<th>Organization Name</th>
<th>Hours of Service</th>
<th>Total Hours</th>
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Upon reflection, what did you learn about yourself and others?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

_____________________________________________________________
________________________________
________________________________________
______________________________________

Student’s Signature __________________________ Parent or Guardian’s Signature __________________________

_________________________Date_____________________________________________Date____________________

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**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.*