Student Service-Learning Site Pre-Approval Form

The purpose of this form is for students and/or organizations seeking approval for the Student Service-Learning (SSL) Activity prior to the student completing the SSL activity. Submission and approval of this form by the School-Based SSL Coordinator will ensure that the student will receive the SSL independent hours after completing the activity at the stated organization.

To the Student: Please work with the organization representative to fill out this form in its entirety and return to your assigned School-Based Student Service-Learning Coordinator.

**Please note that submitting this form does not automatically equal site approval.** Please follow-up with your School-Based SSL Coordinator. Be sure to make a copy of this Pre-Approval Form for your personal files.

Remember that any Student Service-Learning independent activity must meet the Maryland State Department of Education’s 7 Best 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 Develops Responsibility.
- The Student Reflects Throughout the Experience.

To be completed by student:

Student Name: ___________________________ Student Number: ___________________________

School: ___________________________ Telephone: ___________________________

Student Mailing Address: ___________________________

City: ___________________________ State: _______________ Zip: ___________________________

Email: ___________________________

I request approval of this organization as a service-learning site. I have already spoken to the contact person about the possibility of completing service hours.

Student’s Signature: ___________________________ Date: ___________________________

To be completed by organization representative:

Organization Name: ___________________________

Address: ______________________________________

City: ___________________________ State: _______________ Zip: ___________________________

Telephone: ___________________________ Fax: ___________________________ Website: ___________________________

Email: ___________________________

Contact Name: ___________________________ Contact Title: ___________________________

Mission: ___________________________

The student’s volunteer activities will include: ___________________________

For School-Based Student Service-Learning Coordinator Only:

I have talked with the organization representative and determined that the organization is (circle one) approved / not approved. Organization status: (please check one)

☐ non profit organization
☐ for-profit organization (for example nursing home, hospital, licensed daycare center)
☐ private organization/facility
☐ faith-based organization

Signature: ___________________________ Title: ___________________________ Date: ___________________________

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