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: _____________________________________________
Service Learning Log

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<th>Date of Service</th>
<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?

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_____________________________________________________________________________________________

Student’s Signature                                                                                   Parent or Guardian 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 _________________________________________________________________