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**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: School:

Student Number: Student Telephone:

Student Mailing Address:\_

City: Email:

State: Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade in school

*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.*

***Student Assessment of Service-Learning Activity***

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

• In reviewing the research and information available, I found the following facts about the population to be served and the need for this service-learning activity.

• The name and title of the person who will train, supervise, and guide my service-learning activity is

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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of****Service** | **Organization’s****Name** | **Hours of****Service** | **Total Hours****Earned** | **Signature of Supervisor/Teacher** |
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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**