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: ___________________________

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: __________________________________________ City: ___________________________

Address: ____________________________________________________________ City: ___________________________

State: ___________________________ Zip: __________

Telephone: ___________________________ Email: ___________________________

Supervisor/Teacher: ___________________________ Title: ___________________________

Signature: ___________________________
## Service Learning Log

<table>
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<tr>
<th>Date of Service</th>
<th>Organization’s Name</th>
<th>Hours of Service</th>
<th>Total Hours Earned</th>
<th>Signature of Supervisor/Teacher</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’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 ____________________________________________