



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 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

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 _____