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.

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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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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<tr>
<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 ____________________________

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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 ___________________________________________________________

*Once completed the Student Service-Learning Verification form needs to be placed in the student’s cumulative folder.*