

Student Independent Service Learning Project Proposal Form

INSTRUCTIONS: This form must be completed and approved by Mrs. Nylén prior to performing an independent service project.

STUDENT INFORMATION – to be completed by the student

Student's Name _____
Grade 9 10 11 12

Home/Cell Phone _____

Advisory Teacher _____

DESCRIPTION OF SPECIAL ACTIVITY

1. Why is your proposed project a need in our community? What is the population to be served? Where will the service take place?

2. Clearly state the preparation, the activity, and the time frame of your project.

Student Signature

Date

Please make sure:

- _____ The activity will be completed outside the school day.
- _____ The application has been signed by a parent/guardian.
- _____ You will perform the activity without salary or compensation.
- _____ The activity does not endorse any religious and/or political beliefs.

PARENT APPROVAL

I have reviewed and given my approval for my son's/daughter's participation in this independent study he/she has set up/designed. I realize that my son/daughter, by choosing this special activity, will not receive direct supervision from any CHECHS staff. I accept full responsibility for my son's/daughter's choice of special activity.

Parent/Guardian Signature

Date