Office of Curriculum and Instructional Programs MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

STUDENT SERVICE LEARNING ACTIVITY VERIFICATION

STUDENT INSTRUCTIONS: Complete this form legibly in blue or black ink. Submit it to the school student service learning (SSL) coordinator according to the following timelines:

Last Friday in September: Documentation of service performed in the summer is due.

Friday before first semester exams begin: Documentation of service performed during the first semester is due.

Friday before second semester exams begin: Documentation of service performed during the second semester is due.

| STUDENT INFORMATION—To be completed by the student prior to review from the nonprofit tax-exempt organization. | | | | |
|---|-----------------------|----------------------|---|--|
| Name | | | | |
| Last | First | | MI | ID Number |
| Parent/Guardian | | Phone:Home | V | Vork |
| School | Grade | _ First Period Te | eacher | |
| Student e-mail address | | | | |
| Student Reflection: Think about your service-learning activity and respond to the following questions in a written paragraph below. What need did your service address? Who benefitted from your service? What did you learn about yourself? How was your service-learning experience connected to something you learned in a class at school? (For example, English, Mathematics, Science, Social Studies, Arts, Physical Education, Health, Foreign Language, etc.) | | | | |
| | | | | |
| NONPROFIT TAX-EXEMPT ORGANIZATION INFORMATION—To be completed by the supervisor after the phases of preparation and action have occurred, and the student reflection paragraph has been read and approved. | | | | |
| Organization | Tav I | =vemnt # | Phone | |
| Address | | | 1 110116 | |
| Street | City | | | State ZIP Code |
| Activity (describe) | | | | |
| | | | | |
| Service Record | | | | |
| From | То | # Days of Service | # Hours Per Day (8 in a 24 hour period maximum) | Total # Hours Completed (award 1 SSL hour for every hour of service) |
| | | | | |
| | | | | |
| Supervisor | me | | Title | |
| | | | | |
| | Signature, Supervisor | | Date | |
| SSL COORDINATOR USE ONLY Check if automatic hours are attached to this activity as a result of course instruction. | | | | |
| | | | | |
| Verification form submitted to coordinator/ | | | | |
| Hours earned previously + Hours for this activity = Total hours including activity Date | | | | |
| MCPS Form 560-51 December 2010 DISTRIBUTION: COPY 1/Student Service Learning Coordinator: COPY 2/Student: COPY 3/Organization | | | | |