

## **Student Service-Learning Verification Form**

Complete this form in blue or black ink and submit to the School Service-Learning Coordinator by the end of each semester in which the service was completed. Submit this form by September 30 for service hours completed in the summer.

Section to be completed by the student:			
Student Name:	Student Number	Student Number:	
School:			
Student Mailing Address:			
City:	State:	Zip:	
Email:	Grade in school	ol	
Student Assessment of Service-Learning Activity			
I. Discuss your <b>preparation</b> for this service-learning	g activity/activities by c	ompleting the prompts below.	
In reviewing the research and information avail	able, I found the follow	ving facts about the population to	
be served and the need for this service-learning	g activity.		
The name and title of the person who will trai	n, supervise, and guid	le my service-learning activity is	
II. Describe the service-learning activity/activities t	hat you completed.		
To be completed by agency repre	•		
Address:			
Address:			
State:			
Supervisor / Teacher:	_		
Telephone:		·	

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## **Service Learning Log**

ate of	Agency Name	Hours of	Total Hours	Signature of Supervisor/Teacher	
ervice		Service	Earned		
Upon reflect	ion, what did you le	arn about yourse	If and others?		
Student's Signature		ture	P	Parent or Guardian's Signature	
	Date			Date	
For School-	Based Student Serv	ice-Learning Co	ordinator and dat	a-entry personnel use only:	
	ependent Hours				
	nt Hours for this active endent Hours	vity			
	ceipt				
	сырт				
Title					