

INDEPENDENT SERVICE-LEARNING ACTIVITY PRE-APPROVAL FORM

student:	Grade: Dates of Service:
lame of Service Site/Organization:	
ite Supervisor:	Site Contact Number:
. What is the purpose/mission of the organization or	service site?
 What community need(s) will be addressed through 	n your service?
. How will your service impact the community and su	upport the efforts of the service site/organization?
Parent/Guardian Consent:	
I grant permission for my child to participate in this responsibility for the supervision and safety of my ch	• •
I understand the school will not be providing transpo	ortation or funding for this project.
I am aware this request must be pre-approved by th child beginning the activity to ensure it meets the es	
Parent/Guardia	n Signature
Service-Learning Coordinator Approval:	
have reviewed this project and it meets the BCPS serv	ice-learning standards and guidelines.
School Service-Learning (Coordinator Signature



INDEPENDENT SERVICE-LEARNING ACTIVITY HOURS VERIFICATION AND REFLECTION FORM

Student:
Name of Service Site/Organization:
Date(s) of Service:
Total Hours Earned:
Project Description:
<u>Service Site Supervisor</u> : Your signature below verifies that the hours listed are correct, the student was not compensated in any manner, and that a thorough orientation was provided to ensure the student fully understands the purpose/mission of the organization and how their service addressed a community need.
Site Supervisor Signature
STUDENT REFLECTION QUESTIONS What did you learn about the community issue you addressed through your service?
How did your efforts support the mission of the service site and provide a benefit to the community?
What did this service-learning experience teach you about your role as a citizen in the community?
Date hours recorded: Recorded By (initials):