

Student Service Learning Activity Verification



Office of Student and Family Support and Engagement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 560-51
September 2018

STUDENT INSTRUCTIONS: Complete Sections I and III of this form legibly in blue or black ink. The nonprofit tax exempt organization completes Section II. Documentation of all service is due to the school-based SSL coordinator according to specific timelines. In order to be reflected on the student's report card each semester, students must submit **MCPS Form 560-51, Student Service Learning Activity Verification Form**, to the school SSL coordinator by the following recommended dates:

Service completed during the summer—**Recommended by Last Friday in September**

Service completed during the summer and 1st semester—**Recommended by First Friday in January**

Service completed during the summer, 1st semester, and 2nd semester to be recognized for the Certificate of Meritorious Service (high school seniors) or the Superintendent's SSL Award (middle school)—**Recommended by First Friday in April**

Service completed during the summer, 1st semester, and 2nd semester—**REQUIRED by First Friday in June**

ALL SSL Forms for service completed any time during the current school year, including the summer before the current school year, are **REQUIRED** to be submitted to the school SSL coordinator **no later than the first Friday in June**.

SECTION I. STUDENT INFORMATION—To be completed by the student prior to review from the nonprofit tax exempt organization.

Student Name (Last, First, Middle) _____ Student ID _____ Grade _____
 School _____ First Period Teacher _____
 E-mail _____
 Parent/Guardian Name _____ Phone: Home or Cell _____ - _____ - _____ Other _____ - _____ - _____

SECTION II. NONPROFIT, TAX EXEMPT ORGANIZATION INFORMATION—To be completed by the supervisor after the phases of preparation and action have occurred.

Organization _____ Federal Employer Identification # _____ - _____ - _____ Phone _____ - _____ - _____
 Address _____ E-mail _____
 Describe Activity (performed) _____

Service Record

Date From	Date To	# 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 Name (print) _____ Title _____
 Supervisor Signature _____ Date ____/____/____

SECTION III. STUDENT REFLECTION—Think about your SSL activity. Review the Maryland Seven Best Practices of Service-Learning www.montgomeryschoolsmd.org/departments/ssl/pages/bestpractices.aspx and respond to the following questions in a written paragraph below, or attach a separate document with your reflection.

- **What** did you do?
 - **What** need did your service address?
 - **Who** benefitted from your service?
 - **What** did you learn about yourself?
 - **How** was this 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.)
- Note:* This reflection will be reviewed by the MCPS SSL coordinator and returned to the student if not complete.

Parent/Guardian/Eligible Student Signature _____ Date ____/____/____

MCPS SSL COORDINATOR USE ONLY

Check if automatic hours are attached to this activity as a result of course instruction.

Verification form submitted to coordinator Date ____/____/____

Hours earned previously _____ + Hours for this activity _____ = Total hours including activity _____ Date ____/____/____