

MONTGOMERY COUNTY PUBLIC SCHOOLS**Student Service Learning Activity Verification**Office of Student and Family Support and Engagement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

STUDENT INSTRUCTIONS: Complete Sections I and III of this form legibly in blue or black ink. The registered nonprofit 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)—**REQUIRED 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 _____

School _____ First Period Teacher _____ Grade _____

E-mail _____

Parent/Guardian Name _____ Phone: Home or Cell _____ - _____ - _____ Other _____ - _____ - _____

SECTION II. NONPROFIT, 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, and **what** need did your service address?
- **Who** benefitted from your service?
- **What** did you learn about yourself, and **how** did helping others make you feel?
- **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.)
- **What** skills did you use or build upon that could help you with a future career?

Note: This reflection will be reviewed by the MCPS SSL coordinator and returned to the student if not complete.

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 ____/____/____