

School Hosted Student Service Learning (SSL) Opportunity—During the School Day



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

MCPS Form 560-59
August 2018

STAFF DIRECTIONS:

This form is for school staff to provide a Student Service Learning (SSL) opportunity to middle or high school students during the school day. The school must ensure that the service is for a non-profit organization that is registered with the Montgomery County Volunteer Center, and has completed MCPS form 560-51A, *Organization Responsibility and Assurance Certification Document*. The school is expected to provide explicit instruction on the mission of the non-profit organization and the impact the students' service would have on the community served by the non-profit organization.

SCHOOL INFORMATION—To be completed by the school at least 1 month prior to beginning the service learning activity.

School Name _____

Staff Member Completing Form: Name _____ Position _____

Grade Level(s)/Class(es) that will be participating _____

Number of students expected to participate _____

Name of Non-Profit organization(s) _____

Corresponding Non-Profit organization(s) Federal Employer Identification # _____

Community need that the non-profit serves _____

Describe the instruction provided to students to highlight the non-profit organization and the purpose of their service:

Description of the event:

When/How will student reflection occur:

School/Administrator Approval: My signature below verifies that:

- The school is responsible for obtaining the materials necessary for students to complete the SSL project and for delivering any items created as a result of the SSL project to the rightful non-profit organizations, e.g. making sure that items made for residents in a nursing home are delivered to the nursing home.
- The school will identify a staff member to add the SSL hours earned to the appropriate student records.
- I know that this request must be submitted to (no later than 1 month prior), reviewed by, and approved by the MCPS SSL coordinator prior to the beginning of the SSL activity.

Name of Staff Member (Print) _____ Signature _____ Date ____/____/____

Name of Principal (Print) _____ Signature _____ Date ____/____/____