INDEPENDENT SERVICE-LEARNING ACTIVITY
PRE-APPROVAL FORM

Student: ___________________________ Grade: _____ Dates of Service: ______________

Name of Service Site/Organization: ____________________________________________

Site Supervisor: __________________ Site Contact Number: _______________________

1. What is the purpose/mission of the organization or service site?

2. What community need(s) will be addressed through your service?

3. How will your service impact the community and support the efforts of the service site/organization?

Parent/Guardian Consent:

- I grant permission for my child to participate in this service-learning experience and accept full responsibility for the supervision and safety of my child throughout the project.

- I understand the school will not be providing transportation or funding for this project.

- I am aware this request must be pre-approved by the school service-learning coordinator prior to my child beginning the activity to ensure it meets the established standards and guidelines.

______________________________
Parent/Guardian Signature

Service-Learning Coordinator Approval:

I have reviewed this project and it meets the BCPS service-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: ________________________________

Service Site Supervisor: 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): ________________________________
Service Learning
Verification of Hours Form

Student Name: ____________________________  Section #: ________

Name of Agency: __________________________

Directions: Please complete the information each time service is performed. When the project is completed, have the site supervisor complete the bottom section of this form.

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours Worked</th>
<th>Brief Description of Service</th>
<th>Signature of Site Supervisor</th>
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TOTAL HOURS: ____________________________

Site Supervisor Signature: ____________________________________________

Ending Date: ____________________________

Comments: __________________________________________________________