



Independent Service-Learning Approval Form

Instructions: (1) Complete sections 1-4 before your activity and submit form to your school-based service-learning (SSL) coordinator. (2) Once approved and returned, complete the activity and obtain approval (section 5). (3) Use sections 6-7 to record activity hours and reflection.

Return full form to your SSL Coordinator to have hours recorded. Service-Learning activities must be pre-approved by the school-based service-learning coordinator at least 2 weeks prior to the start of the activity. Please review the BCPS Student Service-Learning Guidelines before submitting this form to ensure this activity meets all requirements. Hours must be recorded in the school year they were completed.

Section 1 - STUDENT INFORMATION – to be completed by student

Student Name: _____ Student ID: _____

School: _____ HR Teacher: _____

Email: _____

Section 2 - NON-PROFIT ORGANIZATION & ACTIVITY INFORMATION - to be completed by student

Organization Name: _____

Address: _____

Name of site supervisor: _____

Supervisor phone/email: _____

Nonprofit organization’s Federal Employer ID: ___ - _____

Please provide a description of the SSL activity:

Proposed dates of service MM/DD/YYYY: ___/___/___ to ___/___/___.

Section 3 - PARENT/GUARDIAN APPROVAL – to be completed by parent/guardian

My signature below indicates that:

- I approve and accept full responsibility for my child’s participation in this SSL opportunity with this organization.
- I know this request must be submitted to, and reviewed by, the SSL coordinator prior to my child beginning the activity.

Parent/Guardian Signature: _____ Date: ___/___/___

Section 4 – ACTIVITY PRE-APPROVAL-- to be completed by SSL Coordinator

___ This activity meets SSL requirements and has been pre-approved.

___ This activity does not meet SSL requirements because:

Service-Learning Coordinator Signature: _____ Date: ___/___/___

Please return this document to the student after signing. Students will use page 2 to record activity and reflection.

Section 5 - ACTIVITY VERIFICATION – to be completed by site supervisor after activity

Please note that activities must be completed outside of school hours and must not exceed 8 hours/day and 40 hours/week.

Start Date	End Date	# Days of Service	# Total Hours PER DAY	Total # Hours Completed

As site supervisor, I certify that:

- This organization is non-profit.
- This student has completed the above-mentioned hours of service at this organization.
- The student received preparation/orientation prior to completing the activity to learn more about the mission and objectives of the activity and how it connects with a community need.
- This student activity did not replace that of a paid staff member.
- I am not a relative or guardian of the above-mentioned student.

Supervisor Signature: _____ Date: ____/____/____

Section 6 – STUDENT REFLECTION - to be completed by student after activity

Think about your SSL activity. Review the Maryland Seven Best Practices of Service-Learning in the BCPS Service-Learning Guidelines and respond to the following questions in a written paragraph below or attach a separate document with your reflection. This reflection will be reviewed and returned if not complete or more clarification is needed.

- Explain your activity and what community needs, did your service address?
- Who benefited 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?

SECTION 7 – To be completed by SL Coordinator ONLY

These hours have been recorded on this date: ____/____/____ SL Coordinator Signature: _____

This form shall be returned to student for record keeping.