



Student Service-Learning Site Pre-Approval Form

The purpose of this form is for students and/or organizations seeking approval for the Student Service-Learning (SSL) Activity prior to the student completing the SSL activity. Submission and approval of this form by the **School-Based SSL Coordinator** will ensure that the student will receive the SSL independent hours after completing the activity at the stated organization.

To the Student: Please work with the organization representative to fill out this form in its entirety and return to your assigned School-Based Student Service-Learning Coordinator.

****Please note that submitting this form does not automatically equal site approval.** Please follow-up with your School-Based SSL Coordinator. Be sure to make a copy of this Pre-Approval Form for your personal files.

Remember that any Student Service-Learning independent activity must meet the Maryland State Department of Education's 7 Best Practices and include preparation or research, action, and reflection:

- ✓ *The Student Meets a Recognized Need in the Community.*
- ✓ *The Student Achieves Curricular Objectives.*
- ✓ *The Student Gains Necessary Knowledge and Skills.*
- ✓ *The Student Plans Ahead.*
- ✓ *The Student Works with Existing Service Organizations.*
- ✓ *The Student Develops Responsibility.*
- ✓ *The Student Reflects Throughout the Experience.*

To be completed by student:

Student Name: _____ Student Number: _____

School: _____ Telephone: _____

Student Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

_ I request approval of this organization as a service-learning site. I have already spoken to the contact person about the possibility of completing service hours.

Student's Signature: _____ Date: _____

To be completed by organization representative:

Organization Name: **Gabriel's Lyric Therapeutic Services: Faith and Mental Health Imperative (Gabriel's Lyric Therapeutic Services, LLC)**

Address: **12301 Brolass Road** City: **Clinton** State: **MD** Zip: **20735**

Telephone: **240/305-9679** Fax: **240/407-0439** Website: **www.GLTSLLC.org**

Email: **Jamila@GLTSLLC.org**

Contact Name: **Jamila Woods** Contact Title: **President and CEO** Mission: The Mission of Gabriel's Lyric

Therapeutic Services, LLC, is to empower individuals, organizations and families, through holistic therapeutic services.

The student's volunteer activities will include: **Host/Hostesses/Registrants, etc. for our 4th Annual Faith and Mental Health Conference**

For School-Based Student Service-Learning Coordinator Only:

I have talked with the organization representative and determined that the organization is (circle one) approved / not approved.

Organization status: (please check one) :

- non profit organization (**LLC with a non-profit arm**)
- for-profit organization (for example nursing home, hospital, licensed daycare center)
- private organization/facility
- faith-based organization

Signature _____ Title _____ Date: _____