![PGCPS logo]

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: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Website: _____

Email: _____

Contact Name: _____ Contact Title: _____

Mission: _____

The student's volunteer activities will include: _____

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
- ☐ for-profit organization (for example nursing home, hospital, licensed daycare center)
- ☐ private organization/facility
- ☐ faith-based organization

Signature _____ Title _____ Date: _____