

Student Service-Learning Verification Form During COVID -19 Period Only

Complete this form in blue or black ink and submit to the School-Based Student Service-Learning Coordinator.

Submission Deadlines for this Student Service-Learning Verification Form:
This form is only permitted to be used for the period of Spring and Summer 2020.

Section to be completed by the student:

Student Name: _____ Student Number: _____
School: _____ Student Telephone: _____
Student Mailing Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Grade in school _____

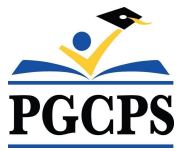
Remember that any Student Service-Learning independent activity must meet the Maryland State Department of Education's 7 Best Practices and include preparation or research, action, and reflection:

- ✓ *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 Works with Existing Service.*
- ✓ *The Student Reflects Throughout the Experience.*
- ✓ **Student Assessment of Service-Learning Activity**

I. **Describe your preparation for the service-learning activity/activities that allowed you to help others during the COVID-19 outbreak? Share what research did to help prepare and what you learned:**

II. **Describe the service-learning activity/activities.**

III. **Share how people were impacted by your efforts. If you worked with an organization, please include the name of organization and the person who oversaw the activity.**



Service-Learning Log

Date of Service	Name of Activity	Hours of Service (For example, 3:15 p.m. - 4:15 p.m.)	Total Hours

Upon reflection, what did you learn about yourself and others?

Student's Signature

Parent or Guardian's Signature

Date

Date

For School-Based Student Service-Learning Coordinator and data-entry personnel use only:

Previous Independent Hours
 + Independent Hours for this activity
 = Total Independent Hours

Date of receipt _____

Signature _____

Title _____

***Once completed, the Student Service-Learning Verification form needs to be scanned to School Counselor to be entered into SchoolMax and placed in the student's cumulative folder.**