INDEPENDENT SERVICE-LEARNING ACTIVITY PRE-APPROVAL FORM

Student:	Grade:	Dates of Service:
Name of Service Site/Organ	nization:	
Site Supervisor:		Site Contact Number:
What is the purpose/mission	of the organization or service s	site?
What community need(s) wi	ll be addressed through your s	ervice?
How will your service impac	t the community and support t	ne efforts of the service site/organization?
Parent/Guardian Conse	ent:	
responsibility for the I understand the scho I am aware this reque	supervision and safety of my colon will not be providing transpest must be pre-approved by the	this service-learning experience and accept full child throughout the project. ortation or funding for this project. e school service-learning coordinator prior to my stablished standards and guidelines.
Parent/Guardian Signa	ature:	
Service-Learning Coordinat	or Approval:	
I have reviewed this	project and it meets the BCPS s	ervice-learning standards and guidelines.
School Service-Learn	ing Coordinator Signature	

INDEPENDENT SERVICE-LEARNING ACTIVITY HOURS VERIFICATION AND REFLECTION FORM

Student:
Name of Service Site/Organization:
Date(s) of Service:
Fotal 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?
What did you learn about the community issue you addressed in ough your between
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):