

# Student Service Learning Activity Verification

Office of Student and Family Support and Engagement  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**STUDENT INSTRUCTIONS:** Complete Sections I and III of this form legibly in blue or black ink. The registered nonprofit organization completes Section II. Documentation of all service is due to the school-based SSL coordinator according to specific timelines. In order to be reflected on the student's report card each semester, students must submit **MCPS Form 560-51, Student Service Learning Activity Verification Form**, to the school SSL coordinator by the following recommended dates:

Service completed during the summer—**Recommended by Last Friday in September**

Service completed during the summer and 1st semester—**Recommended by First Friday in January**

Service completed during the summer, 1st semester, and 2nd semester to be recognized for the Certificate of Meritorious Service (high school seniors) or the Superintendent's SSL Award (middle school)—**REQUIRED by First Friday in April**

Service completed during the summer, 1st semester, and 2nd semester—**REQUIRED by First Friday in June**

**ALL SSL Forms** for service completed any time during the current school year, including the summer before the current school year, are **REQUIRED** to be submitted to the school SSL coordinator **no later than the first Friday in June**.

## SECTION I. STUDENT INFORMATION—To be completed by the student prior to review from the nonprofit tax exempt organization.

Student Name (Last, First, Middle) \_\_\_\_\_ Student ID \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_ First Period Teacher \_\_\_\_\_  
E-mail \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Phone: Home or Cell \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_ Other \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_

## SECTION II. NONPROFIT, ORGANIZATION INFORMATION—To be completed by the supervisor after the phases of preparation and action have occurred.

Organization \_\_\_\_\_  
Federal Employer Identification # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_ Phone \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
Describe Activity (performed) \_\_\_\_\_

### Service Record

Date From	Date To	# Days of Service	# Hours Per Day (8 in a 24 hour period maximum)	Total # Hours Completed (award 1 SSL hour for every hour of service)

Supervisor Name (print) \_\_\_\_\_ Title \_\_\_\_\_  
Supervisor Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## SECTION III. STUDENT REFLECTION—Think about your SSL activity. Review the Maryland Seven Best Practices of Service-Learning [www.montgomeryschoolsmd.org/departments/ssl/pages/bestpractices.aspx](http://www.montgomeryschoolsmd.org/departments/ssl/pages/bestpractices.aspx) and respond to the following questions in a written paragraph below, or attach a separate document with your reflection.

- **What** did you do, and **what** need did your service address?
- **Who** benefitted 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? (For example, English, Mathematics, Science, Social Studies, Arts, Physical Education, Health, Foreign Language, etc.)
- **What** skills did you use or build upon that could help you with a future career?

**Note:** This reflection will be reviewed by the MCPS SSL coordinator and returned to the student if not complete.

Parent/Guardian/Eligible Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### MCPS SSL COORDINATOR USE ONLY

☐ Check if automatic hours are attached to this activity as a result of course instruction.

Verification form submitted to coordinator Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours earned previously \_\_\_\_\_ + Hours for this activity \_\_\_\_\_ = Total hours including activity \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_