

**Office of Community Engagement and Partnerships  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850**

**STUDENT SERVICE LEARNING  
ACTIVITY VERIFICATION**

**STUDENT INSTRUCTIONS:** Complete this form legibly in blue or black ink. Submit it to the school student service learning (SSL) coordinator by the following deadlines:

Service completed during the summer — **DEADLINE: Last Friday in September.**

Service completed during 1st semester — **DEADLINE: First Friday in January.**

Service completed during 2nd semester — **DEADLINE: First Friday in June.**

**STUDENT INFORMATION—To be completed by the student prior to review from the nonprofit tax-exempt organization.**

Name \_\_\_\_\_  
Last First MI ID Number

Parent/Guardian \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ First Period Teacher \_\_\_\_\_

Student e-mail address \_\_\_\_\_

**Student Reflection:** Think about your service-learning activity. Respond to the following questions in a written paragraph below.

- **What** did you do?
- **What** need did your service address?
- **Who** benefitted from your service?
- **What** did you learn about yourself?
- **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.)

**NONPROFIT TAX-EXEMPT ORGANIZATION INFORMATION—To be completed by the supervisor after the phases of preparation and action have occurred, and the student reflection paragraph has been read and approved.**

Organization \_\_\_\_\_ Federal Employer Identification # \_\_\_\_\_ - \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP Code 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 \_\_\_\_\_  
Print Name Title

\_\_\_\_\_  
Signature, Supervisor Date

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_