## Office of Curriculum and Instructional Programs MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

## STUDENT SERVICE LEARNING ACTIVITY VERIFICATION FORM

**STUDENT INSTRUCTIONS:** Complete this form and submit it to the school Student Service Learning coordinator by the end of each semester in which service is done. Service done in the summer must be reported by September 30.

STUDENT INFORM	ATION—To be completed	by the student prior	to sign off from the oi	ganization.	
Name		First			ID Number
		Phone: Home			
School		Grade	First Period Tea	cher	
Student Reflection:	Think about your service-lea	arning activity and respo	and to the following ques	tions in a written Re	flection Statement below.
<ul> <li>What action did yo</li> </ul>	u perform?				
-	n benefit individuals in the c	-			
What did you learn	n about yourself as a result o	of your action?			
been addressed.	FORMATION—To be comp	pleted by the supervis	or after the phases of	preparation, actio	n, and reflection have
Organization				Phone _	
Address		City			ate ZIP Code
		•			
riolivity (december)					
Dates of Service	From	То	# Days of Service	# Hours Per Day	Total # Hours Completed
Supervisor	Print Name			Title	
Supervisor	Print Name			/ /	
Supervisor	Print Name	Signature, Supervis	or	Title  ' Date	
	Print Name Coordinator Use Only: \			Date	
	Coordinator Use Only: \		tted to coordinator		