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

MCPS
CLEAR FORM

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 according to the following timelines:

Last Friday in September: Documentation of service performed in the summer is due.
Friday before first semester exams begin: Documentation of service performed during the first semester is due.
Friday before second semester exams begin: Documentation of service performed during the second semester is due.

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 and respond to the following questions in a written paragraph below.

- **What** need did your service address?
- **Who** benefitted from your service?
- **What** did you learn about yourself?
- **How** was your service-learning 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 ____/____/_____