INDEPENDENT SERVICE-LEARNING ACTIVITY PRE-APPROVAL FORM

Student:	Grade:	Dates of Service:	
Name of Service Site/Organizatio	n:		
Site Supervisor:	Site	Contact Number:	
What is the purpose/mission of the	organization or service si	te?	
What community need(s) will be a	ddressed through your serv	vice?	
How will your service impact the	community and support the	e efforts of the service site/org	anization?
Parent/Guardian Consent: I grant permission for my child responsibility for the supervision	•	<u> </u>	cept full
• I understand the school will no	t be providing transportati	ion or funding for this project.	
 I am aware this request must b beginning the activity to ensure 		_	tor prior to my child
Pa	rent/Guardian Signature		
Service-Learning Coordinator App I have reviewed this project and it		earning standards and guidelir	nes.
School Ser	vice-Learning Coordinator	r Signature	

INDEPENDENT SERVICE-LEARNING ACTIVITY HOURS VERIFICATION AND REFLECTION FORM

Student:
Name of Service Site/Organization:
Date(s) of Service:
Total Hours Earned:
Project Description:
<u>Service Site Supervisor</u> : 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?
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):