INDEPENDENT SERVICE-LEARNING ACTIVITY PRE-APPROVAL FORM

Student:	Grade:	Dates of Service:
Name of Service Site/Organization:	·	
Site Supervisor:	Si	ite Contact Number:
What is the purpose/mission of the o	organization or service	e site?
What community need(s) will be ad-	dressed through your	service?
How will your service impact the co	mmunity and support	t the efforts of the service site/organization?
Parent/Guardian Consent: I grant permission for my child to responsibility for the supervision I understand the school will not be	and safety of my chil	
 I am aware this request must be beginning the activity to ensure i 		school service-learning coordinator prior to my child ed standards and guidelines.
Pare	ent/Guardian Signatu	ıre
Service-Learning Coordinator Appro- I have reviewed this project and it n		e-learning standards and guidelines.
School Servi	ce-Learning Coordina	ator 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 no 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):