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

STUDENT SERVICE LEARNING ACTIVITY VERIFICATION

SPANISH

INSTRUCCIONES PARA LOS ESTUDIANTES: Complete este formulario con tinta azul o negra y entréguelo al Student Service Learning Coordinator de la escuela al final de cada semestre en que se ha hecho el servicio. La documentación del servicio hecho en el verano debe ser sometido para el 30 de septiembre.

STUDENT INSTRUCTIONS: Complete this form in blue or black ink and submit it to the school Student Service Learning Coordinator by the end of each semester in which service is done. Documentation of service done in the summer must be submitted by September 30.

STUDENT INFORMATION—To be completed by the student prior to sign off from the nonprofi t tax-exempt organization.

Name _____ _____ ___ _____
Last *First* *MI* *ID Number*

Parent/Guardian _____ Phone: Home _____ Work _____

School _____ Grade _____ First Period Teacher _____

Reflexión del Estudiante: Piense en su actividad de aprendizaje a través del servicio estudiantil, y responda a las siguientes preguntas en una Declaración Reflexiva, escrita abajo en inglés.

Student Reflection: Think about your service-learning activity and respond to the following questions in a written Reflection Statement below.

¿A qué necesidad se dirigió usted? What need did you address?

¿Quién se benefició de su acción? Who benefi tted from your action?

¿Qué aprendió usted de si mismo? What did you learn about yourself?

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

Organization _____ Tax Exempt # _____ Phone _____

Address _____
Street *City* *State* *ZIP Code*

Activity (describe) _____

_____

Dates of Service

From	To	# Days of Service	# Hours Per Day	Total # Hours Completed

Supervisor _____ _____
Print Name *Title*

_____ _____
Signature, Supervisor *Date*

For MCPS School Coordinator Use Only: Verification form submitted to coordinator _____
Date

Hours earned previously _____+ Hours for this activity _____ = Total hours including activity _____ Date _____