CLEAR FORM

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

STUDENT SERVICE LEARNING ACTIVITY VERIFICATION

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 nonprofit tax-exempt organization.

Name _____ (Last) _____ (First) ____ (MI) _____ (ID Number)

Parent/Guardian _____ Phone: Home ____-____-____ Work ____-____-____

School _____ Grade _____ First Period Teacher _____

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

- What need did you address?
- Who benefitted from your action?
- 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 Student Affairs Office (Drive For Supplies) Tax Exempt # MCPS Phone 307-670-1419

Address Room 120 Lakelands Park MS (Street) Gaithersburg (City) MD (State) 20858 (ZIP Code)

Activity (describe) Sorting, packing, weighing donated used, but usable school supplies. Helping organizations pick up supplies.

Dates of Service	From	To	# Days of Service	# Hours Per Day	Total # Hours Completed
	July 20, 2009	July 28, 2009	7 possible		

Supervisor Karen L. Crawford (Print Name) Coordinator, Student Affairs Office (Title)

_____ (Signature, Supervisor) 09/04/09 (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 ____/____/____