

**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 statement below.

1. **What** need did your service address?
2. **Who** benefitted from your service?
3. **What** did you learn about yourself?
4. **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.)

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**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) \_\_\_\_\_

**Service Record**

From	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 \_\_\_\_\_