

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 paragraph below.

- **What** need did your service address?
- **Who** benefitted from your service?
- **What** did you learn about yourself?
- **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.)

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

Organization _____ Federal Employer Identification # _____ - _____ - _____ 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 ____/____/____