STUDENT INSTRUCTIONS: Complete this form legibly in blue or black ink. Submit it to the school student service learning (SSL) coordinator by the following deadlines:
- Service completed during the summer — **DEADLINE: Last Friday in September.**
- Service completed during 1st semester — **DEADLINE: First Friday in January.**
- Service completed during 2nd semester — **DEADLINE: First Friday in June.**

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. Respond to the following questions in a written paragraph below.
- **What** did you do?
- **What** need did your service address?
- **Who** benefitted from your service?
- **What** did you learn about yourself?
- **How** was this 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 ______ e-mail __________
Describe Activity (performed) __________________________________________

Service Record

<table>
<thead>
<tr>
<th>Date From</th>
<th>Date To</th>
<th># Days of Service</th>
<th># Hours Per Day (8 in a 24 hour period maximum)</th>
<th>Total # Hours Completed (award 1 SSL hour for every hour of service)</th>
</tr>
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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 __________/________/________

Hours earned previously ______ + Hours for this activity ______ = Total hours including activity ______ Date ______/________/________

MCPS Form 560-51, July 2012