

**SERVICE LEARNING - INDIVIDUAL PROJECT
APPROVAL FORM**

Student Name: _____ Section #: _____

Homeroom Teacher: _____ Grade: _____

PARENT PERMISSION:

I hereby grant permission for my son/daughter to participate in the service-learning experience as described below. I understand that my son/daughter has made arrangements at the placement site to complete hours toward the service-learning graduation requirement. In addition, I understand that he/she is responsible for transportation to and from the site, as well as having this project pre-approved before services.

Parent/Guardian Signature

COORDINATOR PERMISSION:

I hereby declare that the service-learning project described below is consistent with the Baltimore County Public Schools Standards & Guidelines and is acceptable for service-learning hours.

Service-Learning Coordinator Signature

PROJECT DESCRIPTION

Name of Agency: _____

Address: _____

Name of Site Supervisor: _____ Phone # _____

A. Complete One of the following:

This will be ONE-DAY OF SERVICE Date: _____
This will be ONGOING SERVICE beginning date: _____

B. ANSWER EACH OF THE FOLLOWING AS THOROUGHLY AS POSSIBLE:

1. Describe your responsibilities for this service project.

2. Explain purpose of the organization chosen.

3. What is the community needed being serviced by your action?

4. What type of action are you performing?

DIRECT

INDIRECT

ADVOCACY

5. What skills (physical, emotional, intellectual, social) will be needed for you to perform this service?

6. Describe the preparation and reflection activities planned for this project.

Service Learning Verification of Hours Form

Student Name: _____ Section #: _____

Agency Name: _____

Directions: Please complete the information each time service is performed. When the project is completed, have the site supervisor complete the bottom section of this form.

<u>Date</u>	<u>Hours Worked</u>	<u>Brief Description of Service</u>	<u>Signature of Site-Supervisor</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL HOURS: _____

Site-Supervisor Signature: _____

Ending Date of Service: _____

Comments from Site-Supervisor: _____

