



## Student Service-Learning Verification Form During COVID -19 Period Only

Complete this form in blue or black ink and submit to the School-Based Student Service-Learning Coordinator.

**Submission Deadlines for this Student Service-Learning Verification Form:**

**This form is only permitted to be used for the period of COVID-19**

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**Section to be completed by the student:**

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

School: \_\_\_\_\_ Student Telephone: \_\_\_\_\_

Student Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Grade in school \_\_\_\_\_

Remember that any Student Service-Learning independent activity must meet the Maryland State Department of Education's 7 Best Practices and include preparation or research, action, and reflection:

- ✓ *The Student Meets a Recognized Need in the Community.*
- ✓ *The Student Achieves Curricular Objectives.*
- ✓ *The Student Gains Necessary Knowledge and Skills.*
- ✓ *The Student Plans Ahead.*
- ✓ *The Student Works with Existing Service Organizations.*
- ✓ *The Student Works with Existing Service.*
- ✓ *The Student Reflects Throughout the Experience.*
- ✓ **Student Assessment of Service-Learning Activity**

I. Describe your preparation for the service-learning activity/activities that allowed you to help others during the COVID-19 outbreak? Share what research you did to help prepare and what you learned:

II. Describe the service-learning activity/activities.

III. **Share how people were impacted by your efforts. If you worked with an organization, please include the name of organization and the person who oversaw the activity.**

## Service-Learning Log

Date of Service	Name of Activity	Hours of Service (For example, 3:15 p.m. - 4:15 p.m.)	Total Hours

Upon reflection, what did you learn about yourself and others?

\_\_\_\_\_

**Student's Signature**

\_\_\_\_\_

**Parent or Guardian's Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Date**

**For School-Based Student Service-Learning Coordinator and data-entry personnel use only:**

Previous Independent Hours  
 + Independent Hours for this activity  
 = Total Independent Hours

Date of receipt \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

**\*Once completed, the Student Service-Learning Verification form needs to be scanned to School Counselor to be entered into SchoolMax and placed in the student's cumulative folder.**