CLEAR FORM

Office of Curriculum and Instructional Programs
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

STUDENT SERVICE LEARNING ACTIVITY VERIFICATION

STUDENT INSTRUCTIONS: Complete this form legibly in blue or black ink and submit it to the school Student Service Learning Coordinator by the end of each semester in which service is done. Documentation of service done in the summer must be submitted by September 30.

STUDENT INFORMATION—To be completed by the student prior to sign off 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 Reflection Statement below.

- What need did you address?
- Who benefitted from your action and how did they benefit?
- What did you learn about yourself?

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 Chinmaya Mission Washington Regional Center Tax Exempt # 52-1618964 Phone 301 - 384 - 5009

Address 46 Norwood Road *Street* Silver Spring *City* MD *State* 20905 *ZIP Code*

Activity (describe) Landscaping and beautification project - Clean premises, inside and outside, discard trash, prepare flower beds. Clean flower beds, spread mulch and beautify flower beds with plants. Service to the community in cleaning our enviroment

Dates of Service	From	To	# Days of Service	# Hours Per Day	Total # Hours Completed
	May 5, 2007	May 5, 2007			

Supervisor _____ Volunteer Services Coordinator/Director Children's Program
Print Name *Title*

_____ _____/_____/_____
Signature, Supervisor *Date*

For MCPS School Coordinator Use Only: Verification form submitted to coordinator _____/_____/_____
Date

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

MCPS Form 560-51, Rev. 3/07 DISTRIBUTION: COPY 1/Student Service Learning Coordinator; COPY 2/Student; COPY 3/Organization