CLEAR FORM MCPS

Office of Curriculum and Instructional Program
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?

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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 Silver Spring MD 20905
Street *City* *State* *ZIP Code*

Activity (describe) Landscaping and beautification project - participating in National & Global Youth Service Day sponsored by DC Serve.Volunteer asks for donation of mulch and plants,obtain materials, clean flower beds, spread mulch and does landscaping

Dates of Service

From	To	# Days of Service	# Hours Per Day	Total # Hours Completed
April 25, 2009	April 25, 2009	1	4	

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 ____/____/____