PGCPS

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

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:**

_____ Students had to prepare their service forms and collect clean-up supplies from their site coordinators. _____
_____
_____
_____

II. **Describe the service-learning activity/activities.**

_____ Students helped clean up litter, plant trees, weed and perform general clean-up duties around _____
their assigned clean-up locations.
_____

_____

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

_____ Students participated with Prince George's County during the Growing Green with Pride Community Clean-up Event to
impact the whole County in our beautification efforts.

_____

_____

Service-Learning Log

at Date of Service	Name of Activity	Hours of Service ((F (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.