

STUDENT INSTRUCTIONS: Complete this form legibly in blue or black ink. Submit it to the school student service learning (SSL) coordinator by the following deadlines:

- Service completed during the summer — **DEADLINE: Last Friday in September.**
- Service completed during 1st semester — **DEADLINE: First Friday in January.**
- Service completed during 2nd semester — **DEADLINE: First Friday in June.**

STUDENT INFORMATION—To be completed by the student prior to review 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. Respond to the following questions in a written paragraph below.

- **What** did you do?
- **What** need did your service address?
- **Who** benefitted from your service?
- **What** did you learn about yourself?
- **How** was this experience connected to something you learned in a class at school? (For example, English, Mathematics, Science, Social Studies, Arts, Physical Education, Health, Foreign Language, etc.)

NONPROFIT TAX-EXEMPT ORGANIZATION INFORMATION—To be completed by the supervisor after the phases of preparation and action have occurred, and the student reflection paragraph has been read and approved.

Organization _____ Federal Employer Identification # _____ - _____ Phone _____
 Address _____
Street City State ZIP Code e-mail
 Describe Activity (performed) _____

Service Record

Date From	Date To	# Days of Service	# Hours Per Day (8 in a 24 hour period maximum)	Total # Hours Completed (award 1 SSL hour for every hour of service)

Supervisor _____
Print Name Title

Signature, Supervisor Date

SSL COORDINATOR USE ONLY

Check if automatic hours are attached to this activity as a result of course instruction.

Verification form submitted to coordinator ____/____/____
Date

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