


## Catonsville Middle School Service Learning Check List

	<b>Steps</b>
	<b>Pages 2-4: Fill out Service Learning Form 1 to 2 weeks prior to the event.</b>
	<b>Give Ms. Zacharski your Service Learning form for review.</b> email: <a href="mailto:dzacharski@bcps.org">dzacharski@bcps.org</a>
	<b>After a week see Ms. Zacharski to pick up your form with her signature.</b>
	<b>Page 5: Fill out the “Verification of Hours Form and make sure the adult sponsor of your service event signs page 5 (in the chart and at the bottom of the page).</b>
	<b>Page 6: After you have completed your community service, complete page 6, Reflections.</b>
	<b>Pages 2-6: Give signed form to Ms. Zacharski.</b> <b>(You may want to make a copy for your records.)</b>
	<b>Review your Report Card to make sure all of your hours are listed. If you have questions, contact Ms. Zacharski.</b>

**Service-Learning  
Individual Project**

**PRE-APPROVAL FORM**

Student Name			Section #	
	Last	First		

**Parent Permission:**

I hereby grant permission for my son/daughter to participate in the service-learning experience as described below. I understand that my son/daughter has made arrangements at the site to complete hours toward the service-learning graduation requirement. In addition, I understand that he/she is responsible for transportation to and from the site, as well as having this project pre-approved before service.

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**Parent / Guardian Signature**

**Coordinator Permission:**

I hereby declare that the service-learning project described below is consistent with the Baltimore County Public Schools Standard & Guidelines and is acceptable for service-learning hours.

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**School Service-Learning Coordinator**

**PROJECT DESCRIPTION**

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Site Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

**COMPLETE ONE OF THE FOLLOWING:**

\_\_\_\_\_ This will be ONE DAY OF SERVICE      Date: \_\_\_\_\_

\_\_\_\_\_ This will be ONGOING SERVICE      Beginning Date: \_\_\_\_\_

Service-Learning  
Individual Project

**PREPARATION FORM**

**Directions: Answer each of the following as thoroughly as possible.**

- 1. Describe your responsibilities for this service project.**
  
- 2. Explain the purpose of the organization.**
  
- 3. What is the community need being served by your action?**
  
- 4. What type of action are you performing?**  

DIRECT                      INDIRECT                      ADVOCACY
  
- 5. What skills (physical, emotional, intellectual, social) will be needed for you to perform this service?**
  
- 6. Describe the preparation and reflection activities planned for this project. (Use the back of this paper or attach agency information on Preparation and Reflection.)**

## Service-Learning Verification of Hours Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Directions: Please complete the information each time service is performed. When the project is completed, have the site supervisor complete the bottom section of this form.

Date	Hours Worked	Brief Description of work	Signature of Site Supervisor

Total Hours: \_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Comments: \_\_\_\_\_

