

## Student Service-Learning Site Pre-Approval Form

The purpose of this form is for students and/or organizations seeking approval for the Student Service-Learning (SSL) Activity prior to the student completing the SSL activity. Submission and approval of this form by the **School-Based SSL Coordinator** will ensure that the student will receive the SSL independent hours after completing the activity at the stated organization.

To the Student: Please work with the organization representative to fill out this form in its entirety and return to your assigned School-Based Student Service-Learning Coordinator.

\*\*Please note that submitting this form does not automatically equal site approval. Please follow-up with your School-Based SSL Coordinator. Be sure to make a copy of this Pre-Approval Form for your personal files.

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:

| $\checkmark$  | The Student Meets a F      | Recognized Need in the    | e Community.   |  |
|---|----------------------------|---------------------------|--|--|
| $\checkmark$  | The Student Achieves       | 5                         | · · · · · · · · · · · · · · · · · ·                        |  |
| $\checkmark$  |                            | cessary Knowledge and     | nd Skills  |  |
| $\checkmark$  | The Student Plans Ahe      | , ,                       |  |  |
| $\checkmark$  |                            | th Existing Service Orga  | anizations.  |  |
| $\checkmark$  | The Student Develops       |                           |  |  |
| $\checkmark$  | The Student Reflects 1     | Throughout the Experie    | ence.  |  |
| To be completed by student:   |                            |                           |  |  |
| Student Name:   |                            | Student Number            | r:   |  |
| School:   |                            |                           |  |  |
| Student Mailing Address:  |                            |                           |  |  |
| -   |                            | -                         | Zip:   |  |
| City:   |                            |                           | £ıp  |  |
| Email:  |                            |                           |  |  |
| I request approval of this or   | rganization as a service-l | earning site. I have alre | eady spoken to the contact person about the possibility of |  |
| completing service hours.   |                            |                           |  |  |
| Student's Signature:  |                            |                           | Date:  |  |
|   |                            |                           |  |  |
| To be completed by organization rep   | presentative:              |                           |  |  |
| Organization Name:  |                            |                           |  |  |
| Address:  |                            |                           |  |  |
| City:   |                            | State:                    | Zip:   |  |
| Telephone:  | Fax:                       |                           | Website:   |  |
| Email:  |                            |                           |  |  |
| Contact Name:   |                            | Contact Title:            |  |  |
| Mission:  |                            |                           |  |  |
| The student's volunteer activities will in                                  | iclude:                    |                           |  |  |
|   |                            |                           |  |  |
| For School-Based Student Service-I  | Learning Coordinator O     | only:                     |  |  |
| I have talked with the organization repraproved / not approved. Organizatio |                            |                           | n is (circle one)  |  |
| non profit or   | rganization                |                           |  |  |
| for-profit orc  | anization (for example n   | ursing home, hospital.    | licensed daycare center)                                   |  |
|   | nization/facility          | J,,                       | , ,  |  |
| ☐ faith-based   | -                          |                           |  |  |
| Signature   | Tit                        | le                        | Date:  |  |