

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:	