

Maryland School for the Deaf

Student Service Learning Activity Verification

STUDENT INFORMATION

Complete this form clearly and legibly in blue or black ink. Submit it to the SSL coordinator by the following deadlines:

Service completed during the summer — Last Friday in September

Service completed during 1st semester — First Friday in February

Service completed during 2nd semester — First Friday in June

Last Name _____ First Name _____ Grade _____

Organization _____ Activity _____

Address _____

Supervisor _____

E-mail _____ Telephone / Text (_____) _____ - _____

Start Date _____ / _____ / _____ Finish Date _____ / _____ / _____

STUDENT REFLECTION: Preparation, Action, and Reflection

PREPARATION: What did you do to prepare before this service?

ACTION: What did you do during this service?

REFLECTION: What did you accomplish or learn from this service experience?
