

# 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 from the last day of service learning activity – 2 weeks (14 days)*

*Service completed during the summer – 1 week (7 days) after the first day of school*

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?

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**ACTION:** What did you do during this service?

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

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