

Service Learning Instructions

1. You may pick up a yellow pre-approval form from the Counseling Office. (This should be completed at least two weeks prior to the start of your job)
2. Follow the directions carefully. You must write at least 2 complete sentences for each answer including number 4.
3. Turn in the completed pre-approval form to Mrs. Bush in the Counseling Office. You may place it in the bin on the corner of her desk.
4. Within 1 to 2 weeks you will receive a green packet in homeroom indicating that your job was approved. You will also receive notification if your job was not approved and why.
5. Keep this green packet. You will keep track of your hours in this packet.
6. Once your job is complete you will then need to follow the directions on the front sheet of the packet. If you have completed 10 hours or under, you will answer the reflection questions attached to the packet. If you have completed 11 hours or more, you will need to complete a 200 word essay. You will want to use the reflection questions as a guideline.
7. Once this is complete, you will turn in the entire packet including your hours, supervisor signatures and questions or essay to Mrs. Bush.

**Service-Learning
Individual Project**

PRE-APPROVAL FORM

Student Name _____ HR Section _____

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 placement 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.

Parent Signature

Coordinator Permission:

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

Franklin Middle School Service-Learning Coordinator Signature

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 in at least two complete sentences (**including #4**). The answer to questions #1 must describe your project in detail in order for it to be approved.

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.**