

**Baltimore City Public School System
Service-Learning Individual Project
Pre-Approval Form**

This form must be approved by the service learning coordinator prior to completing hours, or, you risk your hours being denied!

Student's Name: _____ Grade: _____

Proposed Project Description:

Name of Organization/Agency: _____

Address: _____

Services provided by Agency: _____

Name of Site Supervisor: _____ Phone: _____

Tasks that you will perform: _____

Complete one of the following:

This will be ONE DAY OF SERVICE Date: _____

This will be ONGOING SERVICE Beginning Date: _____
Ending Date: _____

Parent Permission:

I hereby grant permission for my son/daughter to participate in the service-learning experience as described. I understand that my son/daughter has made arrangements at the placement site to complete hours towards the service-learning graduation requirement. In addition, I also understand that he/she is responsible for transportation to and from the site, as well as having this project pre-approved before service.

Parent/Guardian Signature

Phone Number

Coordinator Permission:

I hereby declare that the service-learning project described above is consistent with the Baltimore City Public School System Guidelines and is acceptable for service-learning hours.

School-Based Service-Learning Coordinator's Signature

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Preparation Form

All questions and answers must be typed and answered in a complete sentence.

Student's Name: _____ Grade: _____

Directions: Please answer each of the following questions in as much details as possible:

1. What type of action will you be performing?

Direct Service

Indirect Service

Advocacy

2. What skills do you need to have in order for you to perform this service?

3. Describe what your responsibilities will be for this project.

4. What is the purpose of this organization? Please explain.

5. What is the community need being met by your participation in this project?

6. How will you prepare and reflect upon this project?

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Reflection Form

Student's Name: _____ Grade: _____

Directions: Please answer each of the following questions in as much details as possible. If you need additional space, feel free to use the back of this sheet of paper.

1. What is the community need that you focused on while completing this project?

2. Compare your "before service" and "after service" impressions of this particular community problem.

3. Did you learn anything about yourself from this service activity to others? If so, describe.

4. In what ways have you had an impact on your community through this service activity?

5. If you could do this project again, is there anything that you would do differently?

6. Do you feel that more needs to be done about this community problem?

7. How has participating in this project helped you to become a better citizen?

**Baltimore City Public School System
Student Evaluation Form**

This form must be completed by on-site supervisor or your hours will be returned

Student's Name: _____ Date (s) of Service: _____ Time (s): _____

Organization: _____ Office: _____

Address: _____

Assigned Duties/Responsibilities: _____

Name of Site Supervisor: _____ Phone: _____

Performance on Tasks:

Rating Scale: (1)- needs improvement (2)- fair (3)- good (4)- very good (5)- superior (N/A)- not applicable

I. Professionalism:

Student understands the purpose and goals of the organization.	1	2	3	4	5	N/A
Student understands and complies with confidentiality in client relationships.	1	2	3	4	5	N/A
Student works well with public.	1	2	3	4	5	N/A
Student shows an interest in working with clients and staff members.	1	2	3	4	5	N/A

II. Responsibility:

Student is reliable, maintains schedule and time commitment.	1	2	3	4	5	N/A
Student completes assignments in a timely fashion.	1	2	3	4	5	N/A
Student pays attention to detail when required.	1	2	3	4	5	N/A
Student is willing to take on new tasks.	1	2	3	4	5	N/A

III. Effectiveness:

Student welcomes learning information that will make work more effective.	1	2	3	4	5	N/A
Student follows through on assignments/tasks.	1	2	3	4	5	N/A
Student will ask for assistance when needed.	1	2	3	4	5	N/A
Student communicates necessary information.	1	2	3	4	5	N/A

Supervisor comments:

Student comments:

Supervisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

** Please return this form to the student's School-Based Service-Learning Coordinator. **