

**The Siena School
Silver Spring, Maryland**

**STUDENT SERVICE LEARNING ACTIVITY
VERIFICATION FORM**

STUDENT INSTRUCTIONS: Complete this form and submit it to the school Student Service Learning coordinator by the end of each semester in which service is done. Service done in the summer must be reported by September 30th.

STUDENT INFORMATION: To be completed by the student prior to sign off from the organization

Name _____
Last First MI

Parent/Guardian _____ Phone _____ - _____ - _____

Grade _____

ORGANIZATION INFORMATION: To be completed by the supervisor after the phases of preparation, action and reflection have been addressed.

Organization _____ **Phone** _____

Address _____
Street City State Zip

Activity (describe)

| | From | To | # days of service | # hrs/day | Total Hrs |
|--------------------------|-------------|-----------|--------------------------|------------------|------------------|
| Dates of Service: | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ |

Supervisor _____
Name Title

Signature

Date

