

HHS STUDENT SERVICE LEARNING

PROJECT PROPOSAL

INSTRUCTIONS: This form must be completed and then approved by a classroom teacher prior to performing a service learning project.

STUDENT INFORMATION

Name: _____ Student ID No. _____ Graduating Class of 20_____

SERVICE LEARNING SITE DESCRIPTION

Name of Organization	
Contact Person	
Phone Number	
E-mail	
Address	

1. Briefly state your anticipated roles and responsibilities (tasks, duties, etc.) at the Service Site.
2. Briefly discuss the timetable of your project. How many hours per week? When is your anticipated completion date?

PROJECT DESCRIPTION

1. Which if the following areas will your project address?

Check all that apply:

- Safety
- Academic Achievement
- Violence Reduction
- Environmental Stewardship
- Community Improvement

2. Why is this proposed project a need in our community? What population will be served by your project?
3. Describe the connection you currently see with this project and a concept/theme you are studying in class? (Be specific about the class content.)

4. Describe the personal connection you feel with this project or need in the community. Why did you choose to do this project?

SERVICE LEARNING PROJECT OUTCOMES: You must produce experienced or tangible products to demonstrate your learning through community based work. You and the teacher approving your project must come to consensus about these outcomes prior to starting your project.

Required Outcomes:

- HHs Student Service Learning Log (20 hours)
- Reflective Essay (500 words)

Optional Outcomes:

- | | |
|---|--|
| <ul style="list-style-type: none"> ○ Verbal Presentation(s) ○ Brochures ○ Pamphlets ○ Webpage ○ Blog | <ul style="list-style-type: none"> ○ Posters/ Digital Presentation ○ Video/Film ○ Public Service Announcements ○ Public Displays ○ Other: _____ |
|---|--|

Please make sure:

- _____ The activity will be completed outside of the school day.
- _____ The application has been signed by a parent/guardian.
- _____ You will perform the activity without salary or compensation.
- _____ Both you and the teacher have agreed to the expectations and deadlines of this project.

PARENT APPROVAL

I have reviewed and given my approval for my son's/daughter's participation in this independent study he/she has set up/designed. I realize that my son/daughter, by choosing this special activity, will not necessarily receive direct supervision from any WCCUSD staff. I accept full responsibility for my son's/daughter's choice of special activity and for submitting the necessary forms.

Parent/Guardian Signature

Date

Daytime Phone

TEACHER APPROVAL

I have reviewed and discussed the project expectations and outcomes with this student.

Teacher Signature

Date