Step 8: Classroom Service Learning Verification Form

Student’s Name: _____________________________________________________

Cooperating Teacher: _________________________________________________

Grade Level/Content Area: ____________________________________________

School: _____________________________________________________________

School Contact Telephone #: __________________________________________

Education Course/Instructor: ___________________________________________

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Service Learning Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Start Time</th>
<th>Stop Time</th>
<th>Type of Teaching Activity</th>
<th>Total Hours</th>
<th>Cooperating Teacher’s Signature or Initials</th>
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Please sign upon the completion of ten hours of classroom service learning.

________________________________________________________________________

Cooperating Teacher signature                                      Date (dd/mm/yr)

Additional notes and comments:

(*students, please keep a copy of this form for your records)