

# Sheridan High School Community Service Learning (CSL) Planning Form

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Date: \_\_\_\_\_

*Check to Category below that best describes your CSL Activity*

☐ **Career-Related Class Project/Event or Club Activity**

Designed to broaden the student's information or experience in a career field.

☐ **Service Project**

Community-based service project done with a community partner and demonstrating career-related knowledge and skills. Examples of these types of activities include: Boys & Girl Scouts, Mentoring Programs, Literacy Events, Supervised tutoring, volunteering and community activities. Students who plan on helping at other Sheridan schools should have prior administrator approval.

☐ **Job Shadow/Field Experience**

A job shadow/field experience involving real-world experiences or structured work experience (unpaid) with a group of professionals in a career area. (Must be pre-approved by technology/administration for summer activities).

☐ **Other**

Describe another activity as not outlines above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Supervising Activity Name (Please Print)*

\_\_\_\_\_  
*Title/Contact Email, and/or Phone Number*

\_\_\_\_\_  
*Agency Name*

*Secure Permission for the CSL Activity*

Describe Proposed Activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher/Staff Pre-Approval

Date

\_\_\_\_\_  
\_\_\_\_\_

**Parent Agreement:**

I, the parent/guardian of the above student approve, his/her participation in the outlined Community Service Learning (CSL) activity. By signing this form, I understand and agree to indemnify and hold harmless the Sheridan School District and participating agencies, and its agents and employees from any loss, damage, injury, claim or demand arising from any activity related to or in conjunction with CSL activities that take place at a non- Sheridan School District location. I understand that the Sheridan School District will not provide supervision, background checks, or instruction for any non-Sheridan School District sponsored CSL opportunity and by signing below I acknowledge and accept those risks on my own behalf as well as for my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Students in grades nine (9) through twelve (12) who have completed 75 hours of Community Service Learning (CSL) can earn one (1) academic career focus credit toward graduation with appropriate documentation. The course code to be used is 496010. This is a credit not a graded course, and the course WILL NOT be calculated in the student's GPA or used for Class Rank in the Total Points System. No ½ units of career focus academic credit will be awarded for CSL, as only one full credit will be awarded for students documenting 75 hours of approved CSL.

Student Signature

Date

CSL Coordinator or Building Admin Signature

Date

# SHERIDAN SCHOOL DISTRICT COMMUNITY SERVICE LEARNING LETTER (CSL) OF AGREEMENT

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Site: \_\_\_\_\_ Contact/Supervisor of CSL Activity: \_\_\_\_\_

ADE Approval Date: \_\_\_\_\_ Sheridan School Board Approval Date: \_\_\_\_\_

**I. PARTICIPANTS**

- a. Student
- b. Parents
- c. Local School
- d. Volunteer Site

**II. GOAL:**

Through participation in meaningful community service, \_\_\_\_\_ (student) will develop leadership skills, and community awareness that will prepare him or her for active citizen participation while earning academic credits.

**III. LENGTH OF COMMUNITY SERVICE**

\_\_\_\_\_ (Student) will provide seventy-five (75) hours of community service during his or her 9<sup>th</sup> – 12<sup>th</sup> grade years of academic study. The CSL hours may be served at more than one approved volunteer site.

**IV. COMMITMENT/RESPONSIBILITY-STUDENT:**

- Attends orientation, if required by agency.
- Reports to volunteer agency on time.
- Works only in assigned areas.
- Engages only in volunteer assignments that supervisor approves.
- Completes the Community Service Learning (CSL) Plan that includes preparation, action, and reflection,
- Complies with school and volunteer site conduct standards and requirements.
- Safety of the student is a joint responsibility of the student and the volunteer site.
- Keeps confidential any privileged information learned on the job.

**V. COMMITMENT/RESPONSIBILITY-PARENT:**

- Gives permission for his/her student to participate in the community service program sponsored by Sheridan High School.
- Understand that transportation needs are the responsibility of the parents or the student.
- In the event of a medical emergency, I approve the following;

Please mark the following:

\_\_\_\_\_ Take my child to the nearest hospital

\_\_\_\_\_ Take my child to \_\_\_\_\_ Hospital

\_\_\_\_\_ Doctor

Known Medical Conditions or Allergies: \_\_\_\_\_

**Emergency Contact Information:**

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Additional Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**VI. COMMITMENT/RESPONSIBILITY-SCHOOL:**

Provides diverse community service-learning opportunities from which the student may choose.

- Is responsible for screening the agencies and/or organizations and their volunteer opportunities to determine appropriate placement for each student.
- Reviews and verifies completion of the community service plan.
- Provides one (1) academic career focus credit that may be applied toward graduation upon completion by the student of seventy-five hours (75) hours of documented community service in grades 9 through 12, as outlined on Arkansas Legislative Act 648 of 1993. This credit is a non-graded credit and the course WILL NOT be calculated in the students GPA or used for Class Rank in the Sheridan Total Points System.
- Designates person(s) to monitor the student community service program for Act 648 as applies to each student participant.
- Assesses the effectiveness of program annually with the use of Student Surveys and Volunteer Site Surveys.

**VII. COMMITMENT/RESPONSIBILITY-VOLUNTEER SITE/CERTIFIED FACULTY MEMBER SUPERVISOR**

- Provides student with orientation, training, and written job descriptions and expectations of volunteer activities.
- Provides adequate supervision of the student as needed according to student's age and abilities.
- Safety of the student is a joint responsibility of the student and the volunteer site.

**Signatures:**

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
School CSL Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Site Coordinator or Certified Faculty Member Supervisor

\_\_\_\_\_  
Date

Student ID# \_\_\_\_\_

## SHERIDAN SCHOOL DISTRICT

### CSL Student Volunteer Informational Sheet

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Time of availability for community service: \_\_\_\_\_

Date & Time

**\*Person to notify in case of emergency:**

(Parent/Guardian)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

(Other Emergency Contact)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

**Special Interests:**

_____ Computers	_____ Sign Language	_____ Graphics/Design
_____ Animals	_____ Elderly	_____ Public Relations
_____ Art/Music	_____ Disabled	_____ Recreation/Sports
_____ Human Services	_____ Education/Literacy	_____ Skilled Labor
_____ Boards/Committees	_____ Environment	_____ Fundraising/Events
_____ Bilingual Skills	_____ Other (specify) _____	

Previous Work Experience/Special Training (I.e., nurse aid, CPR, water safety, special certifications):

\_\_\_\_\_  
\_\_\_\_\_

Any physical restrictions that limit your ability to volunteer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Things I do best: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why I want to volunteer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you have any questions or need additional information please feel free to contact the Community Services Learning (CSL) Coordinator, \_\_\_\_\_, at Sheridan High School, 700 West Vine, Sheridan, AR 72150; 870-942-3137.



## Sheridan Student Community Services Learning Time Log

Students Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name of Agency/Organization: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

NOTE: For an agency to sign off on community service hours, they must have signed an agreement that has been approved by the ADE and School Board. Teachers/Faculty Members who sign off on approved activities must have received approval for the activity to count toward community service learning from the building administrator or the CSL Coordinator.

Date	Activity/Task Performed	Total Hours Worked
Total Documented Hours for this Page		

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Service Learning Provider/Faculty Member: \_\_\_\_\_  
 Date: \_\_\_\_\_

Site Contact Information      Name: \_\_\_\_\_  
 \_\_\_\_\_                      Phone: \_\_\_\_\_  
    Email: \_\_\_\_\_

Signature of Building Administrator \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Students should maintain a copy of this form after turned in for personal records. This form will be used to document CSL Hours.

## Sheridan Community Service Learning Student Reflection Form

Instructions: The CSL Reflection form should be completed by the student after completing the service learning activity. Reflection occurs before, during, and after a student's Community Service Learning experience. Complete the following reflective questions in an attempt to prepare to write a reflection on the back of this sheet about the experience to outline personal, social, and civic issues related to the world and the connection to Community Service Learning Activities. **Please submit your reflection form along with the time log signed by an appropriate Agency/Faculty member for CSL documentation.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Service Learning Activity: \_\_\_\_\_

1. How did this experience help you to better understand your responsibilities and roles as a citizen?

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2. What skills and knowledge did you acquire through this experience?

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3. How did your service impact your school or community? How do you know?

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4. How did this experience help you better understand the ideas or subjects you have been studying?

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5. Give an example of how participating in the service learning activity changed you. Comment on at least two character traits you have developed during this CSL experience.

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6. How will you use what you learned in CSL in other situations that occur?

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## Sheridan

### CSL Student Organization/Agency Evaluation Form

Date: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

#### Rating of Experience at Site

Please evaluate the following components of the above named organization/agency/site using the indicated scale. Additional comments about the site are useful.

#### Rating Scale

4-Excellent    3-Very Good    2-Average    1-Fair    0-unsatisfactory    N/A-Not Applicable

COMPONENTS	RATING	COMMENT
Responsibilities outlined	_____	_____
Training Provided	_____	_____
Supervisor(s) Willing to Give Guidance	_____	_____
Safety Issues Addressed	_____	_____
Student Treated with courtesy by staff	_____	_____
Tasks Assigned were rewarding	_____	_____

If you have the opportunity to assist this agency/company/organization/site in the future by providing volunteer service would you? Why or Why not?

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What change(s) in the treatment of student volunteers would you recommend to this agency/company/organization?

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Event participated in at the service site:

Additional Comments on CSL experience:

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Please return this completed form to the SSD CSL Coordinator to use in consideration for future student placement of CSL activities.

## CSL Student Organization/Agency Evaluation Form Sheridan

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

### Rating of Experience at Site

Please evaluate the following components of the above named student using the indicated scale who participated in a Community Service Learning Activity. Additional comments about the student who participated in the volunteer activity to receive service hours prove useful.

### Rating Scale

4-Excellent    3-Very Good    2-Average    1-Fair    0-unsatisfactory    N/A-Not Applicable

COMPONENTS	RATING	COMMENT
Responsible while volunteering	_____	_____
Arrived on Time for volunteer activity	_____	_____
Communicated Effectively	_____	_____
Followed Safety Guidelines	_____	_____
Treated others with respect/courtesy	_____	_____
Tasks Assigned were completed	_____	_____

If you have the opportunity to provide volunteer community service activities for students in the future, would you use the same program instructions or guidelines?

\_\_\_\_\_

What change(s) in the student volunteers that participated in the CSL activities would be recommend for the CSL Coordinator or Sheridan School district to implement and follow in the future?

\_\_\_\_\_

Specific CSL Event participated in at the service site: \_\_\_\_\_

Additional Comments on CSL experience with the student listed above: \_\_\_\_\_

\_\_\_\_\_

Please return this completed form to the SSD CSL Coordinator to use in consideration for future student placement of CSL activities.