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**Please submit on or before December 8, 2022 via the** [**STEM Library Lab website**](http://www.stemlibrarylab.org/slp/application)**.**

# 2022-2023 Mid-Project Service Learning Report

**Service Learning Plan Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Total Awarded Amount** | **Awarded Amount Spent as of 12/1/2022** |
| **$\_\_\_\_\_\_\_\_** | **$ \_\_\_\_\_\_\_\_\_** |

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**School Name:**

Mid-Year Report Preparer Name:

Preparer’s Work Email:       Phone Number:

Other Email Address (optional):

**Service Partner/Organization(s):**

Service Partner Coordinator:

Email Address:      Phone number:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Learning Plan Progress**

1. How many times have you emailed/met/spoken with the service partner?
2. How many times have students have met with the Service Partner?

1. Approximately, how many days, classes, and/or hours have been spent on the service learning plan?
2. **Describe the completed phases of your project's** [**IPARD process**](https://cdn.ymaws.com/www.nylc.org/resource/resmgr/page_elements/resources/ipard.pdf)**:**

[Type here]

1. **Please submit a sample of a completed student pre-reflection, or provide details about the reflection plan to be implemented and the approximate start date.** Contact [Maria](mailto:maria@stemlibrarylab.org) for more information.

**Photographs** (optional) -- Please provide links to any photos below. *Do not send hard copies or printed photos.*



**Other Comments****:**

[Type here]

**Verification and Approval Statement**

*I have reviewed and approved the service learning mid-project report.*

**Principal’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Print* Principal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Report Preparer Signature**: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Print* Preparer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_