**SUBMISSION FORM**

*Before you start filling the form make sure you have all necessary data of the applying institution and documentation on hand. It is suggested that this form is completed by the teacher/leader in charge of the project for the necessary project description. Also make sure that you have the principal’s/director’s endorsement as it is requested at the end of the application form.*

*Please, READ CAREFULLY all Regional Service-Learning Award* ***Terms & Conditions*** *before completing the form.*

**Instruction:** type in your answers in boxes below, print the form, sign and seal, scan the form and send to cee.sl.award@ioskole.net **in PDF format with your county name in the email subject.** You can also use digital signature and seal, instead scanning. Along with the completed submission form it is advisable to attach proofs of the implemented experiences that may give and provide a wider and clearer picture of the submitted experience (promo material, flyers, posters, video clips, photos, media links, etc.).

**Note:** Include evidence, testimonials and indicators that reflect the processes and results that you explain below in separate document/s. Be explicit and explanatory as to provide a consistent project description.

1. **INFORMATION ABOUT THE EDUCATIONAL INSTITUTION**

 Institution’s full name:

|  |
| --- |
| Click here to enter text. |

 Institution’s full address:

|  |
| --- |
| Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Postal Code:Click here to enter text. | City/Town:Click here to enter text. | Canton/Province:Click here to enter text. |

|  |
| --- |
| Country: Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Institution’s phone number: Click here to enter text. | Institution’s e-mail:Click here to enter text. | Websites, blogs, social networks:Click here to enter text. |

|  |
| --- |
| Total staff number:Click here to enter text. |

* 1. **CONTEXT IN WHICH THE INSTITUTION IS OPERATING**

Please describe the characteristics of the institution’s community. For example: rural/urban, number of students, describe population of school, of families, languages, Roma population, environmental issues, traffic, isolation, ethnicity, roads, and so on.

|  |
| --- |
| Brief description of institution’s context (min.300 characters): Click here to enter text.    |

|  |  |  |
| --- | --- | --- |
| Is your institution:  | Institution’s setting | Level of education: |
| [ ]  public school[ ]  private school[ ]  social organization | [ ]  urban[ ]  rural | [ ]  primary school (up to 14 years)[ ]  secondary school (no more than 19 years old) |

|  |
| --- |
| School type: |
| [ ]  primary school grade I to V (age 6 - 11)[ ]  primary school grade VI to IX (age 11 - 15)[ ]  gymnasium (secondary basic education, 4 years)[ ]  secondary art school (4 years) | [ ]  secondary technical school (4 years)[ ]  secondary technical school (3 years)[ ]  secondary religious school (4 years)[ ]  secondary special needs education (1-4 years) |

|  |  |
| --- | --- |
| Has the institution developed Service-Learning projects before? [ ]  YES[ ]  NO |  Since when (year): Click here to enter text. |

1. **GENERAL INFORMATION ABOUT THE SERVICE-LEARNING EDUCATIONAL EXPERIENCE**

Name, surname and position of the teacher in charge of the Service-Learning experience:

|  |
| --- |
| Click here to enter text. |

|  |  |
| --- | --- |
| Phone number of the teacher in charge of the experience: | E-mail address: |
| Click here to enter text. | Click here to enter text. |

Project title *(if it includes an acronym or a fantasy name, please clarify or add a subtitle up to 100 characters max):*

|  |
| --- |
| Click here to enter text. |

|  |  |
| --- | --- |
| Date of implementation: *(mm/dd/yy)* | Completion date or expected completion date: (mm/dd/yy) |
| Click here to enter text. | Click here to enter text. |

Is the project still in progress?

|  |
| --- |
| [ ]  YES [ ]  NO |

1. **DESCRIPTION OF THE SERVICE-LEARNING EDUCATIONAL EXPERIENCE**
	1. Describe the Service-Learning educational experience in minimum 500 characters.

|  |
| --- |
| Click here to enter text.       |

* 1. Problem to be addressed: Identify the concrete community need that the experience intends to address.

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| --- |
| Click here to enter text. |

* 1. Motivation: Why the institution decides to implement this Service-Learning educational experience? (Specify whether it was motivated by community demand or by a school decision)

|  |
| --- |
| Click here to enter text.   |

* 1. Is this Service-Learning experience part of:

|  |  |
| --- | --- |
| 1. Curriculum
2. An optional extracurricular area
3. Other (specify): Click here to enter text.
 | [ ]  YES [ ]  NO[ ]  YES [ ]  NO |

1. **TARGET COMMUNITY GROUP/BENEFICIARIES**

4.1. Who is the target community group/beneficiaries of the Service-Learning experience? (min. 300 characters)

|  |
| --- |
| Click here to enter text.   |
| Estimated number of the participants of the target community group/beneficiaries:Click here to enter text. |

4.2. Select in the chart below the age range and characteristics of target community group:

|  |  |
| --- | --- |
| Age of target community group/beneficiaries | Characteristics of the target community/beneficiary group |
| [ ]  Children[ ]  Adolescents[ ]  Youngsters[ ]  Adults[ ]  Older Adults | [ ]  Population in situation of socio – economic vulnerability [ ]  People with disabilities [ ]  People with health problems [ ]  Asylum seekers and migrants[ ]  Minorities [ ]  People at educational risk [ ]  Isolated rural population [ ] Unemployed people[ ]  People living in poverty [ ]  Adolescent parents[ ]  Street children [ ]  Elderly population [ ]  People deprived of their liberty [ ]  Other *(specify)* Click here to enter text.  |

4.3. The target community group belongs to:

|  |
| --- |
| [ ]  the same community or neighborhood of the institution[ ]  a different community or neighborhood. Which one? Click here to enter text. |

1. **DIAGNOSIS**

Diagnosis involves finding what the community needs are and how the inspection of the community needs is conducted.

|  |  |
| --- | --- |
| Was any specific diagnosis conducted before implementing the experience? | [ ]  Yes[ ]  No |
| Who participated?  | [ ]  Head Authorities [ ]  Target community group [ ]  Teaching Stuff [ ]  Government agencies[ ]  Students [ ]  Civil Society Organizations |
| If target community group participated in the diagnosis, describe how: |  Click here to enter text. |
| If students participated in the diagnosis, describe how:  |  Click here to enter text. |

1. **OBJECTIVES OF THE SERVICE-LEARNING EXPERIENCE** /

(In this section please explain what do you intend students to learn as part of the project, is it connected to the Formal curriculum or another curriculum, etc.? Please describe service action as a part of the experience.)

* 1. Please describe learning objectives of the project:

|  |
| --- |
| Click here to enter text. |

* 1. Please describe service objectives of the project:

|  |
| --- |
| Click here to enter text.  |

1. **INTEGRATION BETWEEN LEARNING AND SERVICE**
	1. Complete the chart linking curricular content, learning activities and the relevant Service activities. Choose as many options as possible.

|  |  |  |  |
| --- | --- | --- | --- |
| Curricular area | Subject and/or Curricular content | Learning Activities | Service Activities |
| Natural Sciences |  Click here to enter text.  |  Click here to enter text. |  Click here to enter text. |
| Engineering and Technology | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Agricultural sciences | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Social Sciences |  Click here to enter text. |  Click here to enter text. |  Click here to enter text. |
| Humanities | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Arts | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Sports Education | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Medical Sciences | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other (specify, add as much as needed): |  Click here to enter text. |  Click here to enter text. |  Click here to enter text. |

* 1. The experience is performed:

|  |  |
| --- | --- |
| [ ]  during school hours [ ]  outside school hours[ ]  during extended school hours | Average number of week hours devoted to the Service-Learning action: Click here to enter text. |

1. **PARTICIPANTS OF THE SERVICE-LEARNING EXPERIENCE**
	1. State the number of students per level that participate in the experience and what Service-Learning actions they perform? Put “X” to identify whether participation is voluntary (V) or mandatory (M).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The students participating in the experience are in: | Grade/Year | Total number in the grade/ year | V | M | Number of participating students | Describe the Service-Learning actions performed by the students: |
| [ ]  Primary |  Click here to enter text.  |  Click here to enter text. |  Click here to enter text. |  Click here to enter text. | Click here to enter text. | Click here to enter text. |
| [ ]  Secondary |   Click here to enter text. |  Click here to enter text. |  Click here to enter text. |  Click here to enter text. | Click here to enter text. | Click here to enter text. |

* 1. How many adults participated in the experience and what activities did they perform?

|  |  |  |
| --- | --- | --- |
|   | Amount in numbers only | Activities they perform |
| Head Authorities |  Click here to enter text. |  Click here to enter text. |
| Teachers (assistants, librarians…)  |  Click here to enter text. |  Click here to enter text. |
| Relatives  |  Click here to enter text. |  Click here to enter text. |
| Other *(specify):*  |  Click here to enter text. |  Click here to enter text. |

* 1. What other institutions/organizations participated?

|  |  |  |
| --- | --- | --- |
|   | Name | Describe how they participated |
| Government Agencies  |  Click here to enter text. |  Click here to enter text. |
| Civil Society Organizations  |  Click here to enter text. |  Click here to enter text. |
| Business  |  Click here to enter text. |  Click here to enter text. |
| Other *(specify):*  |  Click here to enter text. |  Click here to enter text. |

8.4 How did the target community group participate in the Service-Learning actions? *(What kind of activities did they perform?)*

|  |
| --- |
|  Click here to enter text.   |

1. **EVALUATION**
	1. Has any evaluation been conducted regarding this Service-Learning educational experience? Note: Include evidence, testimonials and indicators that reflect evaluation results.

|  |
| --- |
| [ ]  YES [ ]  NO |

* 1. **Who participated?**

|  |
| --- |
| [ ]  Head Authorities [ ]  Target community group [ ]  Businesses agencies[ ]  Students [ ]  Government Agencies [ ]  Civil Society Organizations [ ]  Teaching Staff [ ]  Other: Click here to enter text. |

* 1. What instruments have been used to evaluate students’ curricular learning?

|  |
| --- |
|  Click here to enter text.  |

* 1. What instruments have been used to assess Service-Learning actions?

|  |
| --- |
|  Click here to enter text. |

1. **RESULTS**
	1. What improvement have they identified in students’ learning?

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| --- |
|  Click here to enter text.  |

10.2. What changes have they noticed in the students since the implementation of the Service-Learning experience?

|  |
| --- |
|  Click here to enter text. |

* 1. What changes have they identified in the recipient community?

|  |
| --- |
|  Click here to enter text.  |

* 1. What major improvements have they noticed in the school’s institutional life?

|  |
| --- |
|  Click here to enter text. |

* 1. Is there any other material about the experience attached? Please include any additional documents that give an account of the projects, impact on students, school, and community. And so on.

|  |  |
| --- | --- |
| [ ]  Yes Which? (please select as much as applicable) [ ]  Media press clipping [ ]  Results report [ ]  Diagnostic tools [ ]  Testimonials of students or recipients [ ]  Evaluation tools [ ]  Schedule of activities *(time, task, people in charge)*  [ ]  Reference data of the organizations [ ]  Media linksparticipating of the experience [ ]  Other: Click here to enter text. | [ ]  No |

1. **REFLECTION**

(Reflection links a practical experience that students performed with learning objectives.)

11.1. Has any reflection been conducted during the Service-Learning experience?

|  |  |
| --- | --- |
| [ ]  Yes When? (please select as much as applicable) [ ]  before the experience started [ ]  during the experience[ ]  after the experience  | [ ]  No |

11.2. Please describe the method used for reflection.

|  |
| --- |
| Click here to enter text. |

1. **CELEBRATION**
	1. Has final celebration been conducted after the Service-Learning experience?

|  |  |
| --- | --- |
| [ ]  Yes Who attended? (please select as much as applicable) [ ]  Head Authorities [ ]  Target community group [ ]  Teaching Stuff [ ]  Government agencies[ ]  Students [ ]  Community partners  | [ ]  No |

1. **RESOURCES FOR THE DEVELOPMENT OF THE EXPERIENCE** (select all the options that apply)

|  |
| --- |
| [ ]  Volunteer work of students, teachers and/or relatives [ ]  Institutional hours [ ]  School Cooperative or Parents’ Association [ ]  Civil Society organizations [ ]  Shops owners, businesses, private donors [ ]  Government Agencies [ ]  National or jurisdictional program funds [ ]  Other:Click here to enter text. |

1. **SECURITY MEASURES/SAFETY PRECAUTIONS**

Are security measures adopted for teachers and students for Service-Learning actions? If yes, please describe.

|  |
| --- |
|  Click here to enter text.   |

1. **USE OF PRIZE CASH**

The award-winning experience money shall be used to strengthen the experience or to develop the new Service-Learning educational experiences. How will the awarded money be used?

|  |
| --- |
|  Click here to enter text. |

1. **INSTITUTIONAL ENDORSEMENT**

|  |  |
| --- | --- |
| Name, surname and position of the Head authority of the institution endorsing the Service-Learning educational experience: Click here to enter text. |  Phone: Click here to enter text. |
| E-mail: Click here to enter text. |

Signature Seal

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