**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 **with the following e-mail subject: applying country’s name RSLA 2022 (For example: Bosnia and Herzegovina – RSLA 2022).**

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.). These additional material you can send us via links for further reading during the evaluation process.

**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:

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| Click here to enter text. |

 Institution’s full address:

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| Click here to enter text. |

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| Postal Code:Click here to enter text. | City/Town:Click here to enter text. | Canton/Province (if it applies to your country):Click here to enter text. |

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| Country: Click here to enter text. |

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| --- | --- | --- |
| 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.

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

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| Is your institution:  | Institution’s setting | Level of education: |
| [ ]  public school[ ]  private school[ ]  social organization | [ ]  urban[ ]  rural | [ ]  pre-primary (3-6 years)[ ]  primary school (up to 14 years)[ ]  secondary school (no more than 19 years old) |

|  |
| --- |
| School type: |
| [ ]  kindergarten (age 3 – 6)[ ]  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)[ ]  Other please specify: |

|  |  |
| --- | --- |
| 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/role/specialization of the teacher in charge of the Service-Learning experience:

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| Click here to enter text. |

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| 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):*

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| 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. Please provide clear, most important information about the project. This part can be also used for the promotion of your project within the Award.

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| 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)

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| Click here to enter text.  |

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.

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| --- | --- |
| 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. A learning objective is a statement that represents what students are expected to know, understand, and be able to demonstrate, after completion of a process of learning. They can be described as improved knowledge and understanding, skills and attitudes. For example: student is able to plan the budget for activity, student is able to prepare a presentation, student is able to name advantages and disadvantages of different methods…

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| Click here to enter text. |

* 1. Please describe service objectives of the project. A service objective is a statement representing a desired change in the community – the solution of a problem, a satisfied need. It consists of change in behavior, policy, existing practices (i.e. services). For example: Improve the quality of social services for elderly people in rural area; Functioning of neglected areas; Increase level of waste separation…

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| 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.

|  |  |  |
| --- | --- | --- |
| Subject and/or curricular content and/or topic (depend on the level). In this part you can include also cross-cutting topic in education included in the national curriculum, for example development of key competences, global education etc.  | Learning Activities | Service Activities |
|  *Example: Biology*  |  *Reading and presentation about different kinds of plants* |  *Planting of trees in the community garden* |
| *Example: Language*  | *Explanation how to write a request, analyzing examples of requests*  | *Writing a request to the major*  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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* 1. The experience is performed:

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| --- | --- |
| [ ]  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).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age (from – until)  | If you know how many students in this age group there are in your school, please include  | V | M | Number of participating students | Describe the Service-Learning actions performed by the students (if students were involved in different activities, please specify activities in the same project per age groups) |
|  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?)*

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|  Click here to enter text. |

1. **EVALUATION**
	1. Has any evaluation been conducted regarding this Service-Learning educational experience? By evaluation we mean the process aimed at reflecting on the achievements and the effects of the actions performed, for example: gathering feedback on the project from the community partners, evaluation of the process from the perspective of students…. Note: Include evidence, testimonials and indicators that reflect evaluation results.

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| [ ]  YES [ ]  NO |

* 1. **Who participated?**

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

* 1. How was the evaluation of students´ curricular learning performed? How do you know that learning objectives were achieved? For example: conducting report from the project; public presentation;, self-evaluation of students

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|  Click here to enter text. |

* 1. What instruments have been used to assess Service-Learning actions? How was the evaluation of Service-Learning actions performed? How do you know that service objectives were achieved? For example: community partners provided feedback on the results of the project and cooperation with the school.

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|  Click here to enter text. |

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

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|  Click here to enter text. |

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

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|  Click here to enter text. |

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

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|  Click here to enter text.  |

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

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|  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.

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| --- | --- |
| [ ]  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. Please describe the promotion of the project (optional):

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| Click here to enter text. |

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?

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| --- | --- |
| [ ]  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.

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| Click here to enter text. |

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

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

* 1. Please describe the celebration of the project (optional):
1. **RESOURCES FOR THE DEVELOPMENT OF THE EXPERIENCE** (select all the options that apply)

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| --- |
| [ ]  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.

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|  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?

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|  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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