Service-Learning Reflection Form

Time Record To be completed by adult site supervisor
Dates of service: ___/___/___ to ___/___/___
HOURS EARNED:_____
_____ Signature of Adult Project Supervisor

Note: Students, parents, and individuals/organizations who accept student service volunteers should note Guideline #1 (found on the reverse side) PRIOR to service activity.

PLEASE PRINT OR TYPE

GRADE_____HOMEROOM TEACHER_____

STUDENT NAME_____ _____
Last First MI **ACTIVITY**

SPONSORING ORGANIZATION/CLASS_____PHONE_____

Reflection to be completed by student: (If you need additional space please attach a separate sheet) Now that you have completed your service-learning project you are ready to write a description of your activity. Tell **why** you chose to do this project. What were your responsibilities and **what** did you actually do? How did your actions make you feel and how do you think the community benefitted from your actions? Would you select this project again?

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Signatures: Student_____DATE_____
Parent_____DATE_____

This completed form must be returned to the school Service-learning Coordinator within one year from the time the service is complete.

Confirmation/Approval of Service-Learning Hours

Upon approval of your service-learning activity, this section will be returned to you for your records.
Please complete the following:

Student Name:_____Homeroom Teacher:_____

Activity:_____

(To be completed by the school-based Service-Learning Coordinator)

Hours Earned:_____ Dates of Service:_____

Signature: Service-Learning Coordinator_____Date:_____