



Service-Learning Reflection Form

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

NAME OF SPONSORING ORGANIZATION/CLASS _____

GRADE _____ ADVISOR/HOMEROOM _____

STUDENT'S NAME _____
 Last First MI

PREFERRED NAME _____
 Last First MI

Time Record	
To be completed by adult site supervisor	
Dates of service:	
____/____/____ to ____/____/____	
HOURS EARNED: _____	
Signature of <u>Adult</u> Project Supervisor _____	
_____ Contact Phone Number	
_____ Contact Email	

_____ **ACTIVITY**

_____ **ACTIVITY**

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 community need were you attempting to meet?

- What were your responsibilities and **what** did you actually do?

- How did your actions benefit the community?

- Would you select this project again? Why or why not?

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. Exceptions may be considered for approval by contacting Joe Carr, Coordinator of Curriculum and Instructional Resources – Secondary Social Studies at 410-751-3096 or jncarr@carrollk12.org. Service-Learning activities will be approved by the school Principal or Student Service Coordinator. Students shall: not be paid for their service; not earn hours for service to a for-profit business; not earn hours for service in preparation for or during religious services or religious education; not earn hours for assisting family members with tasks such as cutting the lawn or babysitting; not be excused from school to earn service-learning hours. Please check with the school Service-Learning Coordinator if you need clarification.

Approval Date: _____ Coordinator Initials: _____ Hours Approved: _____