## **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.

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

PLEASE PRINT	T OR TYPE			Contact Phone Number
NAME OF SPONSORING ORGANIZATION/CLASS			PHONE	
GRADE	ADVISOR			
STUDENT NAME				
Last	First	t MI		ACTIVITY
completed you	ur service-learning proj	dent: (If you need additional ect you are ready to write a cost sproject. What community it	description of your	
• What	were your responsibilit	ies and <u>what</u> did you actuall	y do?	
• How o	did your actions benefit	the community?		
• Would		t 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 Mrs. Murray, Service Learning Coordinator, at 410-751-3097. 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:			
	Approval Date:	Coordinator Initials:	Hours Approved: