HOURS MUST BE TURNED IN BY LAST STUDENT SCHOOL DAY FOR UNDERCLASSMAN AND BY MAY 15 FOR SENIORS

_____Class Project (Grades 6-12)  _____Community Project (Grades 6-12)
Completed by Student and Project Supervisor  **All service-learning projects must be pre-approved by Service-Learning Building Coordinator!

Please print or type:

STUDENT NAME  ____________________________________________________________

LAST  ______________________________ FIRST  ___________________________ MI

SCHOOL  ______________________________ GRADE:  6  7  8  9  10  11  12 Year of Graduation ________

PLAN AHEAD  (What training did I receive to prepare for this service?)

________________________________________________________________________

________________________________________________________________________

ACTIVITY  (What community need was met?)  __Community improvement  __Disaster relief  __Elderly assistance
__Environment  __Health  __Hunger & homelessness  __Literacy and education  __Public safety  __Youth development

(What was my responsibility?) __________________________________________________________________________

________________________________________________________________________

APPLICATION  (How did it relate to one or more school subjects? What knowledge and skills did I use?)

________________________________________________________________________

________________________________________________________________________

REFLECTION  (How did my experience make a difference and to whom? How did it affect me?)

________________________________________________________________________

________________________________________________________________________

DATE:  Start ___/___/___  Finish ___/___/___  Total Number of Hours:  _________

(mm/dd/yy)  (mm/dd/yy)  

(over 20 hours a log must be completed. See back)

SPONSORING NON-PROFIT ORGANIZATION:  __________________________________________

Organization that benefits:  __________________________________________

Teacher/ adult supervisor’s name (please print)  __________________________________________

(May not be student’s parent or relative)

________________________________________________________________________

Teacher/Adult Project Supervisor’s Signature  Date  Phone Number

________________________________________________________________________

Student’s Signature  Date

________________________________________________________________________

School Service Learning Coordinator’s Signature  Date
# Students Service Validation Log

For more than 20 hours of service at one organization, please complete this log.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time (Start-Finish)</th>
<th>Service Performed</th>
<th>Supervisor Initials</th>
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* Service-learning activities should allow students to spend a **significant portion** of their time engaged in meeting a recognized community need (see Activity on front page)

** All projects must be pre-approved by the **Service-Learning Coordinator** in your school.

All hours must be turned in to the service-learning coordinator in a timely fashion to be considered for awards at the end of the year.