



Student Service-Learning Validation Form

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**

Please print or type:

by Service-Learning Building Coordinator!

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

Finish ___/___/___
(mm/dd/yy)

Total Number of Hours: _____
(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

