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 _____ Community Project

Completed by Student and Project Supervisor

Please print or type:

STUDENT NAME _____
LAST FIRST MI

SCHOOL _____ GRADE: 3 4 5 6 7 8 9 10 11 12

PLAN AHEAD (How did I learn about this activity? What did I do to prepare for it?):

_____

_____

ACTIVITY (What community need was met? 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 experiences 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: _____

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

(revised 9/09)

Students Service Validation Log

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

Date	Time (Start-Finish)	Service Performed	Supervisor Initials