



SERVICE PROJECT DOCUMENTATION

Student Information

Student Name: _____ Male Female

Date of Birth: _____ Year of Graduation: _____

Organization Information

Organization Name: _____ Dept. _____

Address: _____ City/State/Zip _____

Description of service to be performed _____

Verifying Information

Date of Service	Hours Served	Signature of Authorized Supervisor*

Date of Service	Hours Served	Signature of Authorized Supervisor

Evaluation of Student's work: Unsatisfactory Satisfactory Exceptional

Comments: _____

Verified by Site Contact* – Please Print Name
(If contacted, this individual can verify student's hours)

*Supervisor or verification must be someone other than student's parent

Site Contact Signature

Phone: _____

Student

I verify that I have completed the above documented service and understand that I must also complete the **Reflection** requirement in order to fulfill the service requirement for high school graduation.

_____ Date: _____

Student Signature

REFLECTION

Reflection as a Tool for turning Service Experiences into Learning Experiences

1. What did you observe during your service activity that made an impact on you?

2. How did you feel about it? What did it make you think about?

3. How was this activity similar or different from other educational activities?

4. What did you learn?

5. How does this connect to what you are studying in your classes?

6. Based on what you have learned, in what areas do you need to grow and make an extra effort?
