



SERVICE-LEARNING PROJECT

(The S.L. project must be a minimum of 15 hours. Please complete the reverse side before submitting this form).

VERIFICATION INFORMATION

Student name: _____ **Graduation year: 20**_____

Individual/Agency/Organization:

Project Supervisor's Name:

Position title: _____ **Phone:** _____

Service performed by student:

Date(s) service was performed: _____

(If this service was completed over an extended period of time, please attach the Service Hours Record.)

Hours earned per each date listed: _____

Total hours earned for all dates listed: _____

Project Supervisor, please provide some comments regarding the student's service.

Supervisor's signature: _____ **Date:** _____

(Project supervisor, please verify all of the above information as well as any information listed on the student's Service Hours Record before signing. Thank you.)

Student signature: _____ **Date:** _____

Parent signature: _____ **Date:** _____

Reflection

Please answer the following questions in complete sentences. Thank you!

1. Please list your service site and the goal of your project.

2. Did you complete the objectives you hoped to accomplish when you began your project? Explain how you made a contribution/difference in your community.

3. Were there any challenges or surprises that you handled well during this experience? Were there areas in which you struggled? Please explain.

4. After this experience, is there anything you now know about yourself that you did not know before? Do you feel that you have grown from the experience?

5. Has your faith changed or been challenged as a result of your experience? If so, please explain.
