



**Verification of Student Service Learning Activity**

**Instructions:** This form must be completed and approved for the student to receive credit for a student service learning activity. Submit this form to the service learning coordinator in your school no later than the end of the semester in which the service is performed.

**Documentation of service performed in the summer is due on the last Friday in September.**

**Student Information – To be completed by the student**

Name (Please print) \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Contact : Name \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Student Reflection:** Think about your service-learning activity and respond to the following questions in a written Reflection Statement below. If you run out of space below, please use the back of this sheet to continue.

- What action did you perform?
- How did your action benefit individuals in the school/community?
- What did you learn about yourself as a result of your action?

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**Organization Information – To be completed by the supervisor after the activity has been completed.**

**Organization:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Service: From** \_\_\_\_\_ **To** \_\_\_\_\_

**# of days of service** \_\_\_\_\_ **# of hours Per Day** \_\_\_\_\_ **Total hours** \_\_\_\_\_

**Supervisor (Please print name)** \_\_\_\_\_

**Signature Supervisor** \_\_\_\_\_

Hours earned previously \_\_\_\_\_ + Hours for this activity \_\_\_\_\_ = Total hours including activity \_\_\_\_\_

APPROVED:  Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_