## The Siena School

## STUDENT SERVICE LEARNING ACTIVITY **VERIFICATION FORM**

STUDENT INSTRUCTIONS: Complete this form and submit it to the school Student Service Learning coordinator by the end of each semester in which service is done. Service done in the summer must be reported by September 30th.

STUDENT INFORMATION: To be completed by the student prior to sign off from the organization							
Nama							
Name Last			First		 MI		
			Phone				
			11101				
Grade							
ORGANIZATION IN	NFORMATION	: To be comple	eted by the supervisor afte	r the phases o	f preparation		
action and reflection h			, I	1	1 1		
Organization		Phone					
_							
Address							
Street			City	State	Zip		
A 4 4 /1 11 1							
Activity (describe)	)						
		т		<u>и</u> 1 /1	T ( 1 T T		
D-1(C	From	To	# days of service	# nrs/aay	1 otal Hrs		
Dates of Service:		<u>.                                    </u>					
Caragraican							
Supervisor			Title				
Tidile			Title				
Signatu	ıre			Date			

**Student Reflection:** Think about your service-learning activity and respond to the following questions in a written reflection below.

- What need did your service address?
- How did your action benefit individuals in the community?
- What did you learn about yourself as a result of your actions?