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

Name ___________________________________ ________________  _____

Last                                                                                             First                                                                                     MI
Parent/Guardian______________________________ Phone ______-_____-______

Grade _________

ORGANIZATION INFORMATION: To be completed by the supervisor after the phases of preparation, action and reflection have been addressed.

Organization_________________________________________Phone __________________

Address

Street                                                                                         City                                                    State            Zip

Activity (describe)

From                   To              # days of service   # hrs/day    Total Hrs

_________________________________________    __________   ______________   _________   _________

______________________________________________________________________________

Supervisor_________________________________________ _________________________

Name       Title

_________________________  __________________

Signature                                                                                                                                  Date

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**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?