Reflection to be completed by student: (If you need additional space please attach a separate sheet) Now that you have completed your service-learning project you are ready to write a description of your activity.

- Tell why you chose to do this project. What community need were you attempting to meet?

________________________________________________________________________

________________________________________________________________________

- What were your responsibilities and what did you actually do?

________________________________________________________________________

________________________________________________________________________

- How did your actions benefit the community?

________________________________________________________________________

________________________________________________________________________

- Would you select this project again? Why or why not?

________________________________________________________________________

________________________________________________________________________

Signatures:  
Student ___________________________ DATE__________
Parent ___________________________ DATE__________

This completed form must be returned to the school Service-Learning Coordinator within one year from the time the service is complete. Exceptions may be considered for approval by emailing the Coordinator of Service-Learning at CCPSServiceLearning@carrollk12.org. Service-Learning activities will be approved by the school Principal or Student Service Coordinator. Students shall: not be paid for their service; not earn hours for service to a for-profit business; not earn hours for service in preparation for or during religious services or religious education; not earn hours for assisting family members with tasks such as cutting the lawn or babysitting; not be excused from school to earn service-learning hours. Please check with the school Service-Learning Coordinator if you need clarification.

Approval Date: _________________ Coordinator Initials: _______________ Hours Approved: ____________