



# Service-Learning Reflection Form

**Note:** Students, parents, and individuals/organizations who accept student service volunteers should note Guideline #1 (found on the reverse side) PRIOR to service activity.

**Time Record**  
To be completed by adult site supervisor

**Dates of service:**  
\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**HOURS EARNED:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Adult Project Supervisor

\_\_\_\_\_  
Contact Phone Number

PLEASE PRINT OR TYPE

NAME OF SPONSORING ORGANIZATION/CLASS \_\_\_\_\_  
PHONE \_\_\_\_\_ GRADE \_\_\_\_\_  
ADVISOR \_\_\_\_\_

STUDENT NAME \_\_\_\_\_  
Last First MI

ACTIVITY \_\_\_\_\_

**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](mailto: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: \_\_\_\_\_