

STUDENT'S NAME: _____



**INDEPENDENT SERVICE-LEARNING ACTIVITY
HOURS VERIFICATION AND REFLECTION FORM**

SECTION I to be completed by parent/guardian

Parent/Guardian Consent:

- ❖ *I grant permission for my child to participate in this service-learning experience and accept full responsibility for the supervision and safety of my child throughout the project.*
- ❖ *I understand the school will not be providing transportation or funding for this project.*
- ❖ *I am aware this service-learning experience must be pre-approved by the school service-learning coordinator prior to my child beginning the activity to ensure it meets the established standards and guidelines.*

Parent/Guardian Signature: _____ Date: _____

SECTION II to be completed by a representative of the organization supervising the student

Service Site Supervisor: *Your signature below verifies the hours listed on page 2 are correct, the student was not compensated in any manner, and that a thorough orientation was provided to ensure the student fully understands the purpose/mission of the organization and how their service addressed a community need.*

Site Supervisor Name: _____ Contact Number: _____

Site Supervisor Signature: _____ Date: _____

SECTION III to be completed the student

Student: _____ Grade: _____

Name of Service Site/Organization: _____

Date(s) of Service: _____

Total Hours Earned: _____

Purpose/mission of the organization you are volunteering with: _____

Description of the Project/Services/Activities Performed: _____

What did you learn about the community issue(s) you addressed through your service? _____

How did your service impact the community and support the mission of the organization? _____

What did this service-learning experience teach you about your role as a citizen in the community?
