

**Service Learning FORM**

Student: \_\_\_\_\_ Date of service: \_\_\_\_\_

Beginning time: \_\_\_\_\_ Ending time: \_\_\_\_\_

# of hours/minutes total: \_\_\_\_\_

Location: \_\_\_\_\_

Agency/Group benefitting: \_\_\_\_\_

Agency/Group supervisor signature (to verify participation) and title:

\_\_\_\_\_  
(signature) ( please print name above) (title)

Paragraph describing ACTIONS performed during service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal reflections on service performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent signature: \_\_\_\_\_