**Calvert County Public Schools**

**Independent Student Service-Learning Project**

**Verification of Hours Form**

**(to be completed by project coordinator at approved Agency)**

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Directions:**  Complete the information each time a service is performed. When the project is completed, have the site supervisor complete the bottom section of the form. Return the completed form to the service-learning coordinator.

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| --- | --- | --- | --- |
| **Date** | **Hours Worked** | **Brief Description of Service** | **Signature of Site Supervisor** |
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**TOTAL HOURS: \_\_\_\_\_\_\_\_\_\_\_**

**Site Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ending Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments:**

**Calvert County Public Schools**

**Independent Student Service-Learning Project**

**Reflection Form**

**(to be complete after project is completed)**

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_**

**Agency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**

**Directions:** Answer the following questions.

1. Name the community need focused on during this project.
2. Compare your “before service” and “after service” impressions of the community problem.
3. What did you learn about yourself from this service to others?
4. In what ways do you feel you have helped your community through this service?
5. How could you have improved upon this project or what more needs to be done about this community problem?
6. In what ways did your project help you to become a better citizen?