

**GARRETT COUNTY BOARD OF EDUCATION
Service Learning Validation/Tracking Sheet**

To be filled out by Student
Form must be filled out completely before getting supervisor's signature

(1) Student Name: _____ (2) M/F _____
Last First MI Circle One

(3) School _____ (4) Grade: (Circle one) 6 7 8 9 10 11 12

(5) Organization/Club _____

(6) Type of Service: ___ Direct ___ Indirect ___ Advocacy

(7) Date Project Started: ___/___/___ (8) Date Project Ended: ___/___/___

(9) Reflection: (Each question must be answered completely by the student or credit will not be given.) How does this organization/club help the community? (Who do they help and how?)

What activity did you do for this organization/club?

How did your assistance with this project help that organization/club?

What did you learn from this experience?

(10) Student Signature: _____ Date: ___/___/___

To be filled out by Adult Site/Project Supervisor Only

Printed name of Supervisor: _____ Signature of Supervisor: _____

Phone: _____ Date: ___/___/___ Number of hours completed by student: _____

Upon completion, it is the student's responsibility to return this form to the school. High School – turn this form into the guidance office within **4 months of the date that the project was completed.**
