Garrett County Board of Education
Reflection/Verification of Service Learning Activity
Grades 6-12

(To Be Completed By Student)

Name: ___________________________________________ Last
______________________________________________________________________ First
______________________________________________________________________ Middle

School: __________________________________________________________________________________________

Service-Learning Project: ________________________________________________________________

Start Date: ___________________________ Completion Date: __________________________

Student Signature: ___________________________________________ Date: __________

Reflection:
“What? So What? What’s next?” (What am I doing, what have I accomplished, learned, etc.? (What difference did
it make, why should we do it, why is it important?) (Now what, what has this prepared us for, where do we go from here?)
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(To Be Filled Out By the Adult/Site Supervisor)

Supervisor Signature: ___________________________________________ Date: __________

Location: _______________________________________________________________ Phone: __________

Total time completed at this site: __________ hours