# 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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*(use back if necessary)*

**(To Be Filled Out By the Adult/Site Supervisor)**

**Supervisor Signature:** _____**Date:** _____

**Location:** _____ **Phone:** _____

**Total time completed at this site:** _____**hours**