

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

Student Name: _____ Gender: Male Female
School: _____ Grade: 6 7 8 9 10 11 12
Organization/Club: _____
Type of Service: _____ Direct _____ Indirect _____ Advocacy
Date Project Started: _____ Date Project Ended _____

Reflection: (Each question must be answered completely by the student or credit will not be given.)

1. How does this organization/club help the community? (Who do they help and how?):

 2. What activity did you do for this organization/club?

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

 4. What did you learn from this experience?

- 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 with **4 months** of the date that the project was completed.