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.