

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 in to the guidance office within 4 months of the date that the project was completed.