

INDEPENDENT SERVICE-LEARNING ACTIVITY HOURS VERIFICATION AND REFLECTION FORM

Student: _____

Name of Service Site/Organization: _____

Date(s) of Service: _____

Total Hours Earned: _____

Project Description: _____

Service Site Supervisor: *Your signature below verifies that the hours listed are correct, the student was not compensated in any manner, and that a thorough **orientation** was provided to ensure the student fully understands the purpose/mission of the organization and how their service addressed a community need.*

Site Supervisor Signature: _____

STUDENT REFLECTION QUESTIONS

What did you learn about the community issue you addressed through your service?

How did your efforts support the mission of the service site and provide a benefit to the community?

What did this service-learning experience teach you about your role as a citizen in the community?

Date Hours Recorded: _____

Recorded By (Initials): _____