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): ______________