



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): _____