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):