



COMMUNITY & SERVICE VERIFICATION FORM and REFLECTION SHEET 2013-2014

This form must be completed for each activity and submitted to the Community & Service Advisor before June 1, 2014.

Category Key: Community-Based (CB); School-Based (SB); Athletic Program (AP); Curricular Activity (CA); Independent Activity (IA)

Student Name: _____

Grade: _____ Date: _____ Homeroom: _____

Category: _____ Independent Activity Pre-Approval: _____
(for students seeking 100% of hours in this category only)

Title of Organization: _____

Date(s) of Service: _____ Total # of Hours: _____

Supervisor, briefly describe the nature of the activity:

Contact Person/Service Supervisor

Name/Title: _____ Phone/Email: _____

Signature (confirming above community service and hours)

REFLECTION SHEET

1. Summarize what you did in this activity, and how you interacted with others.
2. Explain what you intended to accomplish through this activity/project.
3. What did you learn about yourself and what did you learn about others through this activity?

Do not write below this line. Reflection continues on reverse.



4. Did anyone help you, guide you, or motivate you during this activity/project? How did this person (s) guide you?

5. How did this activity benefit others? Explain.

6. Will you continue this activity? What would you do differently if you were to continue this activity?

7. Would you recommend this activity to anyone else? Why or why not?

Advisor: Complete and return bottom portion to student. Student/Parent: keep this portion for your records.

Student: _____

Approved: _____ Denied: _____ Activity/Total # Hours: _____

Comments: _____

Advisor Signature/Date: _____