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): ________________

Baltimore County Public Schools  
Office of Family & Community Engagement  
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