Student Service Learning

Type of Service: _____ Direct _____ Indirect _____ Advocacy _____

"Making a Difference!"

Why was the Service needed?

What did I do to prepare for the project? (What did I need to learn? Who did I work with? Were there any challenges I needed to plan for, or experiences I was nervous about? Etc.)

Reflection / Assessment- (What did I learn from this experience? What did I succeed in? What do I need to learn more about? How well did it go? What do I want to do differently or the same? Etc.)

______________________________  ________________________________
Community Based Organization  Representative Signature

______________________________  ________________________________
Student Name (Clearly print and sign)  Graduation Year  Date