

Middle School Service Learning Hours

Name _____ Grade: _____

Date of Event: ___/___/___ Total Hours Worked: _____

Event Name: _____

For the Supervisor:

Supervisor's Name: _____ Phone: _____

Supervisor's Signature: _____ Date: ___/___/___

Agency Name: _____

Agency Location: _____

Comments Regarding Student's Involvement:

For the Student:

Please write a brief paragraph describing what you did, who was involved, and what you learned in the process (feel free to use the back of this form). Return this form, when completed, to your homeroom teacher.