**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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