

SERVICE-LEARNING FORM



Montessori Magnet Program
Sunrise Middle School

Student Name _____ Grade _____ Total hours _____

Date: _____ Time in _____ Time out _____ Total hours _____ Signature _____

Activity done: _____

Date: _____ Time in _____ Time out _____ Total hours _____ Signature _____

Activity done: _____

Date: _____ Time in _____ Time out _____ Total hours _____ Signature _____

Activity done: _____

Date: _____ Time in _____ Time out _____ Total hours _____ Signature _____

Activity done: _____

Date: _____ Time in _____ Time out _____ Total hours _____ Signature _____

Activity done: _____

Dear Student,

Please check that the items below have been completed before turning your service-learning form to your teacher. Remember, this is a graded activity. Thanks.

Student Checklist:

_____ The form has your name filled out and total hours completed
(5.0 hours required per quarter)

_____ The form is signed by the adult supervising the activity.

_____ A reflection addressing how you felt, what you learned, etc., has been included.



