Allegany County Board of Education Reflection/Verification of Service Activity Grades 6-12

To Be Completed By Student

Name:				
~ 1 1	Last	First (Grade:	MI
Service-learning pro	oject:			
Date project started	:	Б	Oate project co	mpleted:
Student Signature:			Date:	
				ccomplished, learned, etc?) (What difference did red us for, where do we go from here?)
	To Be I	Filled Out	By Adult/Sit	e Supervisor
Supervisor Signatur	re:	Date	:	Phone:
Location:		Total time completed by student at this site:		