## Allegany County Board of Education Verification/Reflection Service-Learning Form Grades 6-12

## To Be Completed By Student

Name:Last				
School:	First	Grade:	MI	
Service-Learning proje	et:			
Student Signature:		Date of	project:	
Reflection "What? So What? W make, why should we do it,	What's next?" (What am is it important?) (Now what	I doing, what a, what has this	have I accomplished, learned, etc? s prepared us for, where do we go f	) (What difference did it from here?)
		_ , ,		(use back if necessary)
	<u>To Be Filled O</u>	ut By Adu	lt/Site Supervisor	
Supervisor Signature: _	D	ate:	Phone:	
Location:	Tota	l time comp	eleted by student at this site:	hrs

<u>Please return completed form to Kara Kennell (ACPS Service-Learning Coordinator)</u> 108 Washington Street, Cumberland, MD 21502