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

To Be Completed By Student

Name: _______________________________________________________

School: ____________________ Grade: __________________________

Service-Learning project: ______________________________________

Student Signature: ___________________ Date of project: ____________

Reflection
“What? So What? What’s next?” (What am I doing, what have I accomplished, learned, etc?) (What difference did it make, why should we do it, is it important?) (Now what, what has this prepared us for, where do we go from here?)
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(use back if necessary)

To Be Filled Out By Adult/Site Supervisor

Supervisor Signature: _________________ Date: _________________ Phone: __________________

Location: _________________________ Total time completed by student at this site: _________ hrs

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