

## Service-Learning Hours

Service-Learning Student: \_\_\_\_\_

Date(s) of Service-Learning: \_\_\_\_\_

Number of hours during service-learning project: \_\_\_\_\_

Cumulative hours this year: \_\_\_\_\_

Agency: \_\_\_\_\_

Event: \_\_\_\_\_

Supervisor(s) name and title: \_\_\_\_\_

\_\_\_\_\_

Brief description of the project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Best experience related to this project: \_\_\_\_\_

\_\_\_\_\_

Observation (compliments or criticisms) received in this project:

\_\_\_\_\_

\_\_\_\_\_

How do you feel about this project? At least a five sentence paragraph written on the back.