

Holy Trinity Catholic Service Learning Agreement

Student Information

Student Name: _____ Graduation Year: _____

Phone: _____

Organization Information

Organization: _____

Address: _____

Contact/Supervisor: _____

Contact Phone: _____

Service Description: _____

Verifying Information

Date	Service Learning Opportunity	Hours	Supervisor Signature & Contact Number

Evaluation of Student's Work"

Unsatisfactory

Satisfactory

Exceptional

Supervisor Comments:

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Student Reflection:

1. What did you observe during your service learning activity that made an impact on you?
2. How did you feel about it? What did it make you think about?
3. How was this activity similar or different from other educational activities?
4. What did you learn?
5. Based on what you have learned, in what areas do you need to grow and make an extra effort?

I verify that I have completed the above documented service(s) and completed the Student Reflection requirement in order to fulfill the service learning requirement for graduation.

Signature _____ Date: _____

Upon completion, return this form to the Junior High/High School Theology Teacher or School Office.

This area to be filled out by Junior High/High School Theology Teacher at the completion of service.

Return Date: _____ Total Hours: _____

Theology Teacher Approval: