LINCOLN PARK HIGH SCHOOL SERVICE LEARNING SHEET

Pre-Service Preparation

Please complete ALL SECTIONS of this form before your Service Learning experience.

Full Name: _____

Home Address: _____

City, State, Zip:_____

Phone Number:_____

3RD PD TEACHER and DIV #: _____

Briefly describe the Service Learning project: MUST BE COMPLETED

Name of Organization: _____

Contact Person: _____

Address: Street _____

City, State, Zip _____

_____

Phone Number: _____

Describe the mission/vision/purpose of the organization. **Ask them.**

- What is their goal?

_____

_____

_____

_____

_____

Complete ONLY if you completed a Service Learning project in a class:

Course Service is Related to: _____

Instructor: _____

Signature of Instructor: _____ Date: _____

This sheet must reflect a minimum of 14 hours to receive one service learning credit.

☐ Service with a class ☐ Individual Project

Student participating in Service Learning through a class:

- *Instructor Signature* **of participating class = 8 hrs**
- **Minimum hours served outside of class = 6 hrs**

Date	Time In	Time Out	Total Hours	Supervisor's Signature

Total Hours on this sheet _____

***Service Hours must be received within 90 days of activity.**
***Long term service activities must be refreshed every 90 days.**

Please return this sheet to the Service Learning Box located at the front desk of the Main Office in the Main Building.

Service Coach Approval _____Date Received_____

Reflection Statement

Please answer ***ALL*** the following questions in a paragraph format. Your answers must be in complete sentences.

- ✓ Where did you serve your hours? What service did you perform?
- ✓ *What service does this organization do for the community?*
- ✓ How did your service help the community/people/environment (even if not you directly)?
- ✓ Look at the mission of the organization. How does it relate to a theme/topic of service? (e.g. Senior issues, Hunger and Homelessness, Environment, Education/Literacy, Responsibility through Leadership, etc…)
- ✓ Relate the theme you chose to a class you've taken at LPHS. What class have you discussed this theme in?
- ✓ How do you feel you've grown from this service?

(Student name – print) (Student signature) (Date)

OFFICE USE – DO NOT WRITE!
Approved _____
Disapproved _____
Staff signature: _____ Date: _____