Service-Learning Project-Independent Projects

Student Name: _____ School: _____

Name of Project: _____ Dates: _____

Independent Service-Learning Project:
Community Organization: _____

Contact Person: _____ Phone _____ E-mail_____

SL Hours Proposed: _____ Signature of Contact Person: _____

I. PREPARATION: *What are you planning to do?*

1. What is the purpose of the organization's community project?

2. What is the need that will be addressed in the community?

3. What is the goal of your project?

5. How does the project connect to the curriculum you've learned in school?

6. Explain how the organization helps to meet the community need(s).

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School Counselor Signature: _____ Date: _____

DCPS SL Coordinator

_____

II. ACTION:

Timeline for Project:

Task	Due Date	Signature-Completed

7. During the action project, explain how you're helping to accomplish the goal.

8. How did your service impact the community needs?

III. Student Reflection Summary: Independent Projects

Name _____ Date _____

Service-Learning Summary

After you have completed your project, reflect upon the service that you provided and how this will make an impact on your community.

Include in your essay:

- What did you learn about the community?
- Explain why it is important to participate in service-learning projects
- How did your efforts impact the need for service in your community?
- Did your experience change your perception about the issue?
- Is there additional services that can be provided to support the cause

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Date hours were completed: _____ Verified by:_____ Date: _____