

Classical Magnet School

85 Woodland Street

Hartford, CT 06105

(860) 695-9100

SERVICE LEARNING FORM

Student Name: _____

School Year: _____

Grade: _____

Name of Agency/Institution: _____

Address: _____

Supervisor/Contact Person: _____

Brief Description of Service Learning Project: _____

Identify two (2) skills required to complete this service:

1. _____

2. _____

❖ **Please fill out form completely.**

❖ **Please do not hand in until you have accumulated at least 10 HOURS.**

❖ Please use the chart on the back of this page to document your dates and hours of service.

❖ Service Learning hours must be certified by the supervisor/contact person at the site where you completed your service.

❖ Classical Magnet Students in Middle School (6 – 8) **MUST** complete a total of **30** hours or more.

❖ Classical Magnet Student in High School (9 – 12) **MUST** complete a total of **60** hours or more.

PLEASE SUBMIT THIS FORM TO YOUR COUNSELOR UPON COMPLETION

Service Learning Log

DATE	# OF HOURS	TASK	INITIALS OF CONTACT
TOTAL HOURS:			

To be completed by Supervisor/Contact Person:

- ❖ Is the description of the basic skills demonstrated while performing this service, as stated by the student, accurate: YES _____ NO _____

- ❖ Did the student perform successfully in his/her service? YES _____ NO _____

Signature: _____ Date: _____

RETURN THIS FORM TO YOUR SCHOOL COUNSELOR'S OFFICE

For Office Use Only:

Approved by: _____

Date recorded in Powerschool: _____