



CECIL COUNTY PUBLIC SCHOOLS

STUDENT SERVICE VALIDATION/MERITORIOUS HOURS

*All hours must be submitted to the school POC by the end of the school year in which the hours of service were performed.

Please Print or Type:

Student Name _____
Last First Middle Initial

School _____ Grade _____

Activity _____

Type (select one) Direct Indirect Advocacy

Date: (mm/dd/yy) Start ___/___/___ Finish ___/___/___

Sponsoring Class/Organization _____

Project Supervisor _____

Phone Number _____ Hours of Service Performed _____

Student Service is comprised of three elements:

PREPARATION (describe how you prepared or received training for this type of service)

ACTIONS (Briefly explain what you did and where.)

REFLECTION (What did you do to evaluate the effectiveness of your service? How did you and your community benefit from your service?)

Student Signature _____

_____ Date

Parent/Guardian Signature _____

_____ Date

Adult Site/Project Supervisor Signature _____

_____ Date

Service Learning Building Coordinator Signature _____

_____ Date