



**CARROLL CHRISTIAN SCHOOLS  
SERVICE-LEARNING REFLECTION FORM**

PLEASE PRINT OR TYPE

GRADE \_\_\_\_\_ HOMEROOM TEACHER \_\_\_\_\_

STUDENT \_\_\_\_\_

Last Name

First Name

ACTIVITY

SPONSORING ORGANIZATION/CLASS \_\_\_\_\_ PHONE \_\_\_\_\_

<b>Time Record</b> <b>To be completed by adult site supervisor.</b>  <b>Dates of service:</b> ____/____/____ to ____/____/____  <b>Hours earned:</b> _____  <b>Were you pleased with the Christian Testimony and Work Ethic of our student:</b> _____  _____ Signature of Adult Project Supervisor
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1. **Reflection to be completed by student:** Now that you have completed your service-learning project you are ready to write a description of your activity. Tell **why** you chose to do this project. What were your responsibilities and **what** did you actually do? How did your actions make you feel and how do you think the community benefited from your actions? Would you select this project again? (If you need additional space please attach a separate sheet.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Spiritual Application:** please tell how the service you chose applies to Biblical Principles. Please also tell how this service will benefit you in your spiritual walk. Give at least two (2) verses that support your service and give a brief description of how they apply. Lastly, please tell at least two (2) things that you learned from your service that will help you learn to serve others. (If you need additional space, please attach a separate sheet.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures:

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

PARENT \_\_\_\_\_ DATE \_\_\_\_\_

***This completed form must be returned to Mrs. Reisberg, within 6 months from the time the service is complete. The requirement for graduation is 75 Service-Learning Hours.***