NORTH BROWARD PREPARATORY SCHOOL

MIDDLE SCHOOL SERVICE VERIFICATION AND REFLECTION

Student Name: _____

Grade: _____

Organization: _____

TIME RECORD
To be completed by adult site supervisor

Dates of service
____/____/____ to ____/____/____

HOURS EARNED:_____

_____
Signature of Adult Project Supervisor

Reflection to be completed by student: (If you need additional space please attach a separate sheet.)

1. Brief description of your service responsibility.

_____
_____
_____
_____
_____
_____

2. What did you learn or personally gain from your service activity?

_____
_____
_____
_____
_____
_____

3. How did your service benefit others in the community?

_____
_____
_____
_____
_____
_____