

**STUDENT SERVICE VALIDATION
CECIL COUNTY PUBLIC SCHOOLS**

PLEASE PRINT OR TYPE:

Student Name _____
Last First

School _____ Grade (Circle) 6 7 8 9 10 11 12

Activity _____

Type of Activity (circle one) Direct Indirect Advocacy

Date: (mm/dd/yyyy) Start ____/____/____ Finish ____/____/____

Sponsoring Class/Organization _____

Adult Site/Project Supervisor _____

Phone Number _____ Hours of Service Performed _____

Student Service is comprised of three elements:

PREPARATION (Describe how you prepared or trained 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

Student Service Coordinator Signature Date

-Complete the information on the back of this form.-

Preparation:

Describe how you prepared or received training for this type of service.

Action:

Circle the appropriate action. Briefly explain what you did and where.

Direct

Indirect

Advocacy

Reflection:

a. What did you do to evaluate the effectiveness of your service? (Example: journal writing, group discussion, presentation, etc.)

b. How did you and your community benefit from your service?