



# 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: 6 7 8 9 10 11 12

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