



Service Sheet

Name _____ Grade _____

Section—
<input type="checkbox"/> Summer
<input type="checkbox"/> 1 st Quarter
<input type="checkbox"/> 2 nd Quarter
<input type="checkbox"/> 3 rd Quarter
<input type="checkbox"/> 4 th Quarter

	DATE	SERVICE ACTIVITY	TIME SPENT	INITIALS
1.				
2.				
3.				
4.				
5.				

Reflection—Describe what you learned this quarter.

Student Signature _____

Parent Signature _____

Teacher Signature _____