Kent County Public Schools
Independent Service Learning
Verification Form

Please complete all parts of the following form and return to the Service Learning Coordinator in your school.

Name ____________________ School _______ Grade__________

Description of activity: ________________________________________

Date(s) of activity: ____________________

1. What did you do in order to prepare yourself to do this activity?

2. What was your role in completing this project and how did your participation make a difference?

3. How do you feel about your participation in this activity?

4. How did this project make a difference in the community?

Name of agency or organization sponsoring the activity: ________________________________

Contact telephone number: ____________________________

Number of Service Learning hours: _____ (no partial hours)

Sponsor’s name (please print)  Sponsor’s Signature

________________________________________  ______________________________

Parent’s signature: ______________________________

Student’s signature: ______________________________